



ENTERAL FEEDINGS: FEEDING TUBE PROTOCOL

FACT SHEET

Feeding Tube Protocol

Name: _____ Date: _____

Names of Contacts

Equipment Supplier: _____

Name/Contact Information: _____

Feeding Supplier: _____

Name/Contact Information: _____

Information on Gastrostomy Feeding, Fluids, Equipment, and Care

Tube Type: _____ Insertion Date: _____

Tube Size: _____

Number of Lumens (*circle one*): 1 2 3

Instructions for use: _____

Type of Feeding (bolus/bolus pump/continuous/other, as described): _____

Position During Feeding & Medication Administration: _____

Instructions for Checking Residuals, Holding Feedings, and Notifications (where/how to document):

Instructions for Changing Tube (frequency/by whom): _____

Instructions if Tube Clogs (who to notify/what to do): _____

Instructions if Tube Dislodges (who to notify/what to do): _____



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Instructions for Medication Administration (crushed to fine powder, liquid medication needing to be thinned or shaken): _____

Instructions for Weighing Individual: _____

Instructions for Stoma (area around where tube enters individual) Care: _____

Care of Equipment: _____

Instructions to Prevent Pulling or Dislodging Tube: _____

Type of Formula, Free H2O, Fluids, Flush, and Frequency of Administration: Store formula per manufacturer's recommendation. Most formulas should not be left at room temperature for >30 minutes after opening, unless formulated for continuous feeding over several hours. Allow formula to warm at room temp x 30 minutes if refrigerated.

<i>Formula/Fluid/Flush</i>	<i>Frequency</i>	<i>Amount</i>	<i>Rate</i>	<i>Special Instructions</i>

Physician Signature _____

Date _____

Annually & PRN for Changes