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): ________________________________
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.

<table>
<thead>
<tr>
<th>Formula/Fluid/Flush</th>
<th>Frequency</th>
<th>Amount</th>
<th>Rate</th>
<th>Special Instructions</th>
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Physician Signature

Date

Annually & PRN for Changes