

Enteral Feeding Order Form - Adult

Patient Information

Surname		First Name
Home Address		
City		Postal Code
Health Card Number	Version Code	Date of Birth (YYYY-Month-DD)

Enteral Feeding Tube Details

Type of Feeding Tube

Nasogastric (NG tube)
 Gastrostomy (G tube)
 Gastrojejunostomy (GJ tube)
 Percutaneous Endoscopic Gastrostomy (PEG)
 Combination G/GJ tube
 Percutaneous Endoscopic Gastrojejunostomy (PEG-J)
 Jejunostomy tube (J tube)
 Other:

Date of insertion (YYYY-Month-DD)	Tube Size	Name of Provider performing tube insertion
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Plan for tube replacement

Formula Prescription

Name of formula	Daily amount (mL)
Current feeding rate cc/hour for hours	Goal feeding rate cc/hour for hours

Feeding Progression Instructions

Community registered dietitian to progress according to tolerance and best practice guidelines
 Follow special instructions for feeding rates (please specify below)

Special instructions

Gravity or Pump

Note: A signed prescription for feed including type and rate, as well as a completed Nutrition Products form from the physician must be faxed to the pharmacy providing the feed.

Pharmacy prescription sent to (Name)

Flushing and Oral Intake Requirements

Flushing Requirements

Oral Intake Restrictions/Recommendations

Additional Information

Surname	First Name	Health Card Number
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Supplies

Assistive Devices Program Application initiated by (Name)	Date Submitted (YYYY-Month-DD)
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Enteral Feed Pump/Set	Code	Max
<input type="checkbox"/> Adjustable IV Pole, 5 wheel base	PIN6002	
<input type="checkbox"/> Kangaroo OMNI™ Enteral Feed Pump	PIN6026	
<input type="checkbox"/> Kangaroo OMNI™ Feed Only Set 1000mL	PIN6027	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set with Flush Bag 1000mL	PIN6029	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set ENPlus Spike	PIN6031	6
<input type="checkbox"/> Feeding Gravity Set with ENFit Connector, 1000 ml, EA	PIN6258	2
Enteral Feeding Supplies		
<input type="checkbox"/> Extension Set, Y Site, Kangaroo, Non-ENFit, EA	PIN6269	2
<input type="checkbox"/> Syringe 10ml Luer Lock	PS4042	20
<input type="checkbox"/> Syringe, Catheter Tip, 60ml, EA	PS4043	20
<input type="checkbox"/> Syringe 35ml Luer Lock	PS4046	20
<input type="checkbox"/> Medipore Soft Cloth Tape 5cm x 9.14m	PS4892	1
ENFit Supplies		
<input type="checkbox"/> Syringe, Monoject Enteral, ENFit Connection, 60ml, EA	PS4878	20
<input type="checkbox"/> Syringe, ENFit Connection, Sterile, 35ml, Purple, EA	PIN6272	14
<input type="checkbox"/> Syringe ENFit Connection, Sterile, 6ml, Purple, EA	PIN6273	14
<input type="checkbox"/> Syringe, Monoject with ENFit Connection, Sterile, 1ml, Purple, EA	PIN6120	14
<input type="checkbox"/> ENFit Set, Extension w/Securlok, 2 Port&Clamp, 12", EA	PIN6298	6
<input type="checkbox"/> ENFit Extension Set Y Site, Kangaroo, EA	PIN6299	6
<input type="checkbox"/> ENFit Adapter, Kangaroo Feeding Y-Port Peg, 20FR, EA	PIN6300	6
<input type="checkbox"/> ENFit Transition connector, EA	PIN6301	6
<input type="checkbox"/> Additional Supplies:		

Declaration

_____	_____	_____
Dietitian Name	Signature	Date Signed (YYYY-Month-DD)
_____	_____	_____
Physician/Nurse Practitioner Name (CPSO or CNO #)	Signature	Date Signed (YYYY-Month-DD)