

Your tube feeding plan – bolus feeding

Date: _____

Patient name: _____ NHI number: _____

Current weight: _____ Height: _____

Goal weight: _____

Tube type: PEG RIG NG NJ Other: _____ (Circle one)

Special authority number: _____ Expiry date: _____

Feed details

Feed name: _____

Time	Volume (mL)

Time	Volume (mL)

Flush your tube with _____ mL water before and _____ mL after each bolus feed.

Flush your tube with _____ mL water before and after medications and _____ between each medication.

Other instructions:

Nutritional details

	Daily nutrition needs	Provided by feeding plan
Energy	Kcal	Kcal
Protein	g	g
Other		
		Fluid from feed: mL
		Fluid from flushes: mL
Fluid	mL	Total fluid: mL

Comments (include details of regular meals if allowed):

Dietitian _____ Signed _____ Phone _____

Written by Nutrition & Dietetics, Canterbury DHB. February 2018.