

## Your tube feeding plan – pump 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: \_\_\_\_\_

Pump rate:	_____ mL/hr
Water flush before and after pump feeding:	_____ mL
Water flushes during feed:	_____ mL, every _____ hours
Recommended start time:	
Recommended end time:	
Hours of feeding:	

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.