

## Home Tube Feeding Discharge Form

### Patient Information (or Patient Sticker)

Name:	
DOB:	
NHI:	
Address:	
Parent/Caregiver Name and Contact:	
Paediatrician:	
GP Name:	
GP Address:	
GP Phone:	

### Support for the Family/Caregiver:

	Name	Contact
Feeding tube difficulties or re-insertion (Daytime and After hours)		
Enteral feeding plan		
Feeding pump support		
Community Nurse:		
Community Dietitian:		
Other:		

### Medical Section

#### Plan for Tube Weaning:

Primary support person in community to assist tube weaning	Contact:
If tube is long-term, has this been discussed with family?	YES/NO
Approximate date for first assessment for readiness for tube weaning:	
Medical discharge written and given to patient	YES/NO
Follow-up appointment booked with medical team (specify date/time if possible)	YES/NO
Script for medications given ensuring all medications to be given via tube are in appropriate form	YES/NO
Referral made for PEG tube insertion (if appropriate)	YES/NO

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **Nursing Section**

### **Medications to be given via tube**

Liquid medication prescribed: Further prescriptions come from:	
Instructions given for giving medication via tube	YES/NO
Water flush volume before and after medications:	

### **Supplies**

<b>For</b>	<b>Contact person</b>	<b>Phone number:</b>
Repeat scripts for enteral formula (if applicable)		
Feeding supplies e.g. giving sets, pH paper, nasogastric tube		

### **Nursing Checklist**

Talk through parental checklist with family/caregiver	
Training in administration of feeds via gravity/pump and family/caregiver competent with this	
Tube care (e.g. stoma care/rotation/granulation/nasal passage care) discussed with family/caregiver	
Procedure for checking correct tube placement prior to feeds and family/caregiver competent with this	
Family/Caregiver aware how to unblock the tube	
Feed for at least 1 week provided on discharge	
Check that script for further feed supply has been given by Dietitian/Doctors. Family/Caregiver aware of where to get future prescriptions for feed.	
Delivery for supplies of syringes, giving set, tape, gauze etc set up and first delivery date set, and family/caregiver aware	
Giving sets for at least 1 week or until delivery date given on discharge	
Syringes for at least 1 week or until delivery date given on discharge	
Spare tube given to family/caregiver	
pH testing strips given to family/caregiver (for NGT)	
Tape/gauze and other supplies given to family/caregiver	
Family/caregiver know who to contact if tube comes out	
Pump and stand provided on discharge	
Pump serial number and Pump stand serial number	
Service date on pump is checked and family/caregiver advised to service around this date	
Delivery of backpack for pump arranged if applicable	
Referral made to community nursing	
Appointment made for tube change	

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **Dietitian Section**

	<b>Name:</b>	<b>Contact details:</b>
Hospital Dietitian:		
Community Dietitian:		

### **Growth, Nutrition and Hydration:**

Type of tube:	
Weight:	
Length /Height:	
Head circumference:	
Oral intake (refer to SLT advice if applicable)	
Enteral feed or formula:	
Special Authority number:	
How to prepare formula / enteral feed:	YES / NO
Additional oral or enteral supplements:	
Positioning whilst being fed: Ensure head is elevated 30 degrees while feed is running and for at least half an hour after the feed has been given.	YES / NO
Total amount of feed in 24hrs:	
Total amount of extra fluid in 24hrs:	
Water flush volume before and after feed:	
Water flush volumes before and after medications:	
<u>Feed storage:</u>	Store all prepared/opened enteral formula or Expressed Breast Milk (EBM) in the back of the refrigerator until ready to use. Discard any leftover, unused enteral formula or infant formula within 24 hours and EBM within 48 hours. See Ministry of Health website ( <a href="http://www.health.govt.nz">http://www.health.govt.nz</a> ) for full details of EBM storage advice
<u>Hang times:</u>	
Ready to hang feed:	Feed must be changed every 24 hours in room air
Decanted feeds:	Feed must be changed every 8 hours in room air
Powdered and Expressed Breast Milk feeds:	Feed must be changed every 4 hours in room air.
Daily oral cares:	

### DIETITIAN CHECKLIST

Enteral feeding plan given and explained	
Family/Caregiver understands how to administer formula e.g. via gravity/pump	
Family/Caregiver understands correct positioning for feeding	
Family/Caregiver understands monitoring for adequate hydration	
Family/Caregivers (including respite care) have a copy of the feeding regime	
Tube weaning plan discussed with family/caregiver	
Script for feed given, as applicable or arrange with GP practice	
Referral made to Community Dietitian	

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### SLT Section (if applicable)

	Name:	Contact details:
Speech and Language Therapist:		
Community Speech and Language Therapist		

### Oral Feeding Schedule and/or Oral Sensory Motor Plan

Food to be given orally:	
Exploratory play using non-food items:	
First tastes/food trials:	
Oral sensory programme:	
Mealtime routines (and inclusion in family mealtime):	
Referral made to Community SLT	YES / NO

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### **OT Section (if applicable)**

	<b>Name:</b>	<b>Contact details:</b>
Occupational Therapist:		
Community Occupational Therapist:		

#### **Occupational Therapy Discharge Plan:**

Positioning/Seating system:	
Referral made to Community OT:	YES / NO

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### **Social Worker Section (if applicable)**

	<b>Name:</b>	<b>Contact details:</b>
Social Worker:		
Community Social worker:		

#### **Social Worker Discharge Plan:**

Referral made to Community Support Services:	YES / NO

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### **Psychology Section (if applicable)**

	<b>Name:</b>	<b>Contact details:</b>
Psychologist:		
Community Psychologist:		

#### **Psychologist Discharge Plan:**

Referral made to Community Psychologist:	YES / NO

Signed \_\_\_\_\_ Date: \_\_\_\_\_

For extra support and problem solving for tube feeding: Clinical network website:  
<https://www.starship.org.nz/for-health-professionals/new-zealand-child-and-youth-clinical-networks/clinical-network-for-paediatric-tube-feeding/>

cc: Patient, GP, Specialist, Dietitian, SLT, OT, Physio, Psychologist