Icon

**Admission checklist for enteral feeding**

**(PEG/ RIG/ JEJ/ PEG-J/NGT/NJT)**

**Patient’s Full Name:…………………………………………………………………………………………………………………………………………**

**Date of Birth:……………………………………………………………………………………………………………………………………………………**

**Address:…………………………………………………………………………………………………………………………………………………………..**

**NHS No:……………………………………………………………………………………………………………………………………………………………**

**Hospice EMIS NO:..………………………………………………………………………………………………………………………………………….**

|  |  |
| --- | --- |
| **Information required** | **Answer** |
| **Tube**  When was the initial tube inserted?  What type of tube is it? (PEG/RIG/balloon gastrostomy/ JEJ/ PEG-J) |  |
| If the tube is a balloon gastrostomy:   * When was the tube was last changed? * When was the water in the balloon last changed? |  |
| Have there been any problems with the tube or stoma site since insertion? |  |
| **What is the current feed regimen?**  Bolus or pump?  Full name of feed  Volume of feed  Rate of feeding (of pump fed)  Water flushes |  |
| Is the patient at risk of refeeding syndrome? Some examples:   * Little or no nutrition for more than 5 days * BMI less than 16 in a starved state * BMI < 18.5 and unintentional weight loss >10% in 3-6 months |  |
| **REQUIRED PRIOR TO TRANSFER** as St Ann’s Hospice does not have a contract for feeds or equipment)  Has the patient been registered with their local nutrition company via the community dietitians?  Community dietitians department and phone number:  Who normally changes the tube (for balloon gastrostomies only) (e.g. nutrition nurse/district nurse/family)? |  |
| **Dietitian contact details**  Name and contact no for hospital dietitian involved  Name and contact no. for community dietitian involved |  |
| **REQUIRED FOR HOSPITAL DISCHARGES**  **Send with a 7 day supply of equipment including:**   * Replacement tube for balloon gastrostomies * Replacement Corflo Y end or Freka PEG end * Syringes * Feed * Giving sets * Pump and stand (+/- backpack) * pH paper (for NG tubes) * Sterile water * Nasofix/ nose plasters (for NG tubes) * Copy of feed regimen on paper |  |
| **Any other information** | |

**Signature…………………………………………………………………………………………………………………………..………………………..……**

**Print name and job title.……………………………………………………………………………………………………………………………………**

**Date…………………....……………………………………………………………………………………………………………………………………………**