

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

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| **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 feedVolume of feedRate 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 involvedName 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…………………....……………………………………………………………………………………………………………………………………………**