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# Long Term Care TUBE FEEDING ORDERS PHYSICIAN'S ORDER SHEET

***ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT***  
**AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET  
 TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	<b>ALLERGY</b>
			<b>DATE:</b> _____ <b>TIME:</b> _____ ( Military Time )
			<b>I. CHECK ONE: [ A ] Pump; [ B ] Bolus; or [ C ] Gravity</b>
			<input type="checkbox"/> <b>[ A ]</b> Tube Feeding of _____ (product) via _____ tube via Pump at _____ ml per hour. Total Volume _____ ml's. Begin at _____ am/pm. End when total volume has been infused. - Check tube for correct placement and patency before administering medication, starting pump and tube flushes. - Flush _____ tube with _____ ml of water (q x hrs or q x / day). - Check tube for residuals before starting each feeding. If residual > 100ml, hold feeding. - Recheck in 1 hour. If residual is still > 100ml's, notify MD for direction. - Flush tube with 30ml of H2O before & after each medication administration. - Change Spike Tubing every 24 hours. - Change Y-Connector every week and PRN. - Mouth & Nares care each shift. - Change Syringe each day and PRN. - Elevate head of bed 30-45 degrees during and 2 hours after feeding.
			<input type="checkbox"/> <b>[ B ]</b> Tube Feeding of _____ (product) via _____ tube. Give _____ ml Bolus _____ (q x hrs, or x times per day). - Check tube for correct placement and patency before administering medication and tube flushes. - Flush _____ tube with _____ ml's of water (q x hrs or q x / day). - Check tube for residuals before starting each feeding. If residual > 100ml, hold feeding. - Recheck in 1 hour. If residual is still > 100ml's, notify MD for direction. - Flush tube with 30ml of H2O before & after each medication administration. - Mouth & Nares care each shift. - Change Syringe each day and PRN. - Elevate head of bed 30-45 degrees during and 2 hours after feeding.
			<input type="checkbox"/> <b>[ C ]</b> Tube Feeding of _____ (product) via _____ tube via Gravity at _____ ml per hour. Total Volume _____ ml's. Begin at _____ (military time). End when total volume has been infused. - Check tube for correct placement and patency before administering medication and tube flushes. - Flush _____ tube with _____ ml's of water (q x hrs or q x / day). - Check tube for residuals before starting each feeding. If residual > 100ml, hold feeding. - Recheck in 1 hour. If residual is still > 100ml's, notify MD for direction. - Flush tube with 30ml of H2O before & after each medication administration. - Change Spike Tubing every 24 hours. - Change Y-Connector every week and PRN. - Mouth & Nares care each shift. - Change Syringe each day and PRN. - Elevate head of bed 30-45 degrees during and 2 hours after feeding.
			<b>II.</b> Add _____ scoops of Promod/day to provide _____ gms of protein and _____ calories.
			<b>III.</b> Total feeding provides _____ cal, _____ gms of protein and _____ ml of free water
			Telephone Order by: _____ Time: _____
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____
		Nurse's Signature / Title _____	

**Military Time > >**

**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**

# ENTERAL NUTRITION FORMULARY

PRODUCT	COMPOSITION	INDICATIONS FOR USE
ISOSOURCE	1.2 Calories / ml 43g Protein / L	General maintenance for calorie & protein requirements.
FIBERSOURCE HN	1.2 Calories / ml 53g Protein / L	Maintenance of caloric needs with increased protein content. Also contains fiber.
ISOSOURCE VHN	1 Calorie / ml 62g Protein / L	High protein isotonic formula for patients with high protein needs and caloric restrictions.
ISOSOURCE 1.5	1.5 Calories / ml 68g Protein / L	High calorie, high protein formula with fiber for patients with high nutrition needs and / or volume restrictions.
VIVONEX PLUS	1 Calorie / ml 45g Protein / L	Elemental diet containing free amino acids for patients with GI impairment.
NUTRI-HEP	1.5 Calories / ml 40g Protein / L	Lactose free, moderate protein concentrated formula for hepatic patients w/ encephalopathy. 50% of protein is BCAA.
NOVASOURCE RENAL	2 Calories / ml 74g Protein / L	Lactose free, moderate protein, low electrolyte concentrated formula with vitamins & minerals for renal patients on dialysis.
SUPLENA	2 Calories / ml 30g Protein / L	Lactose free, low protein, low electrolyte concentrated formula with vitamins & minerals for pre-dialysis renal patients.
RESOURCE DIABETIC	1.06 Calories / ml 63g Protein / L	Moderate protein, low carbohydrate formula. May be indicated for DM patients.
DIABETISOURCE	1 Calorie / ml 50g Protein / L	Moderate protein, low carbohydrate formula. May be indicated for DM patients.

## ORAL SUPPLEMENTS

PRODUCT	COMPOSITION	INDICATIONS FOR USE
RESOURCE PLUS	1.5 Calories / ml 55g Protein / L	Lactose free, gluten free, high protein, high caloric content supplement for increased nutritional needs and / or fluid restricted patients.
RESOURCE FRUIT BEVERAGE	180 Calories / ml 9g Protein / 240 ml	Fruit flavored, fat free supplement for patients requiring clear liquid diets.

## MODULAR PRODUCTS

PRODUCT	COMPOSITION	INDICATIONS FOR USE
PROMOD	28 Calories & 5g Protein / scoop	Whey protein powder additive to foods and / or tube feedings. Supplement for increased nutritional needs and / or fluid

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