Use: [ ] Feeding [ ] Medication
[ ] Draining [ ] Venting
[ ] Other: ____________________________

Method of Administration:
[ ] Bolus [ ] Gravity [ ] Pump
[ ] Other: ____________________________

If Feeding, list FORMULA:
Name: ____________________________

If Pump, list RATE:
Name: ____________________________

The Oley Foundation
A home nutrition therapy community and advocacy group

(518) 262-5079
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FEEDING TUBE INFORMATION

Name: ____________________________________________  __________________________

Facility: __________________________________________

Department: [ ] GI/Endo [ ] IR [ ] ED [ ] Other: ________________________________

Tube Manufacturer: ________________________________

Model #: _________________________________________

Length: _________________________________________

French Size (Fr): ________________________________

Access: [ ] Naso [ ] Gastric [ ] Jejunal [ ] Other: ______________________________

Tube Type: [ ] NE/NG/NJ [ ] GJ [ ] G [ ] J [ ] PEG/PEG-J [ ] Foley [ ] Balloon Standard Profile [ ] Balloon Low Profile [ ] Other: ________

ENFit™? [ ] YES [ ] NO

If 6 or 8 Fr, list Tube Material:

[ ] PVC [ ] Polyurethane [ ] Other: ________________________________