

FEEDING TUBE INFORMATION

Placement Date: _____

Name: _____

Facility/ Provider: _____

Department: GI/Endo IR ED Other: _____

Tube Manufacturer (Brand): _____

Model #: _____

Length (cm): _____

French Size (Fr): _____

Tube Site: Nasal Abdomen If abdominal, is tube: Standard (dangler) Low Profile (button)

Tube Material: PVC Polyurethane Silicone Other: _____

Bumper Type: Balloon Mushroom External Bolster Other: _____

Tube Access: Gastric Duodenal Jejunal Gastric and Jejunal

ENFit[®]? YES NO
Special supply considerations:

Use:

Feeding Medication Hydration

Draining Venting

Other: _____

Method of Administration:

Bolus Gravity Pump

Other: _____

Additional Information:

If Feeding, list formula:

If Pump, list rate:



(641) 397-OLEY

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