Personal Information

Name:.....

Feeding tube details:.....

Make:..... Size:.....

Tube exit: Stomach / Duodenum /Jejunum

Date inserted:.....

Name of feed:.....

Duration of feed:.....

Bolus volume..... ml ..... times/day
and/or
Infusion of: ..... ml for..... hrs/day

Type of water to be used for flushing:

.....

Contact details for further advice:

.....

.....

.....

For information about patient support groups see
www.pinnt.com

Medication Details

Name	Dose	Times / day	Formulation	Special Instructions
e.g. Aspirin	75mg	Once - morning	Soluble Tablet	Dissolve in 15ml water

Currently being updated