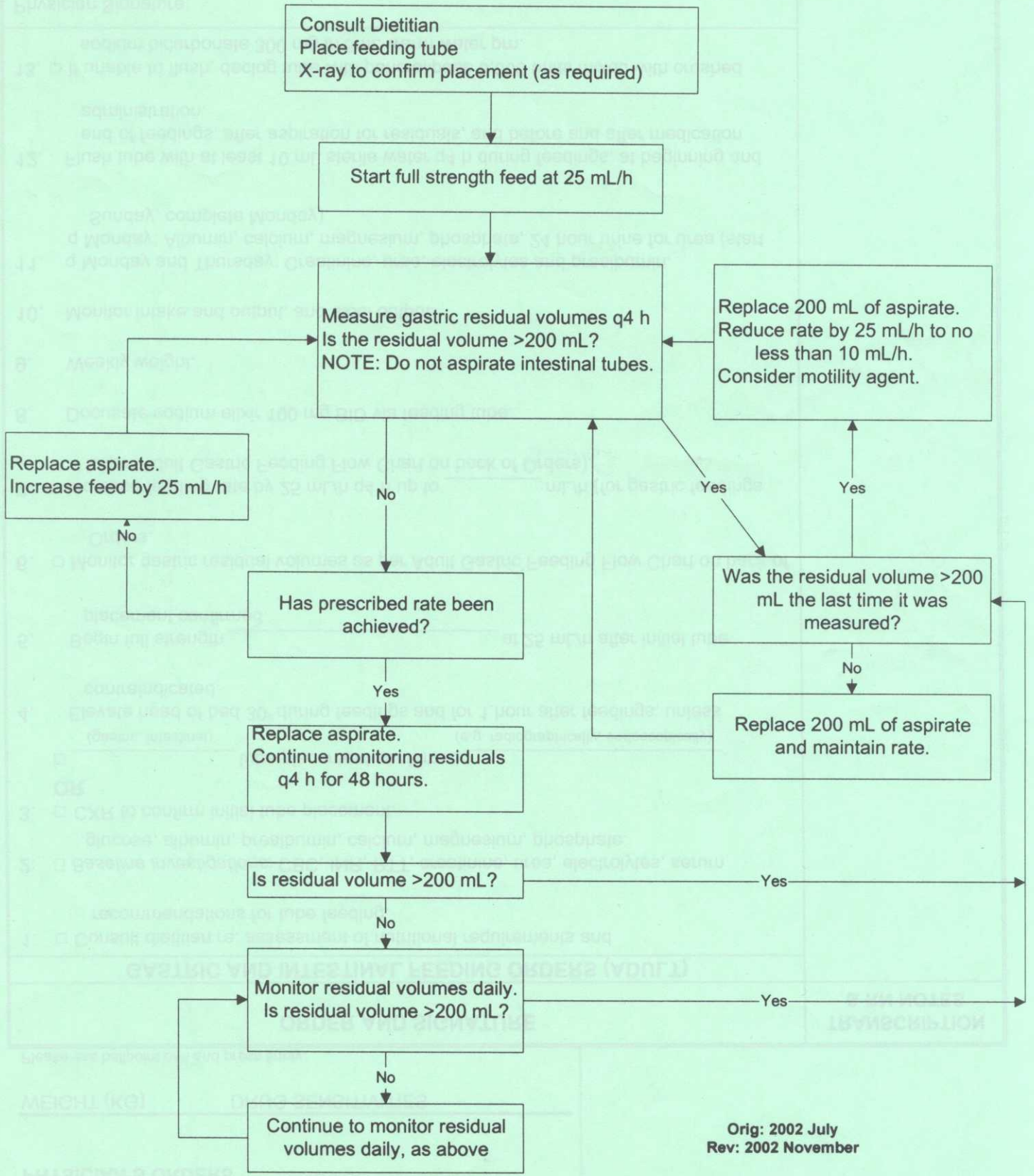


WEIGHT (KG) \_\_\_\_\_ DRUG SENSITIVITIES \_\_\_\_\_

Please use ballpoint pen and press firmly.

ORDER AND SIGNATURE	TRANSCRIPTION & RN NOTES
<b>GASTRIC AND INTESTINAL FEEDING ORDERS (ADULT)</b>	
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Consult dietitian re: assessment of nutritional requirements and recommendations for tube feeding.</li> <li>2. <input type="checkbox"/> <i>Baseline investigations:</i> CBC, INR, PTT, creatinine, urea, electrolytes, serum glucose, albumin, prealbumin, calcium, magnesium, phosphate.</li> <li>3. <input type="checkbox"/> CXR to confirm initial tube placement.</li> <li><b>OR</b></li> <li><input type="checkbox"/> _____ tube placement confirmed _____                      (gastric, intestinal) (e.g. radiographically, endoscopically)</li> <li>4. Elevate head of bed 30° during feedings and for 1 hour after feedings, unless contraindicated.</li> <li>5. Begin full strength _____ at 25 mL/h after initial tube placement confirmed.</li> <li>6. <input type="checkbox"/> Monitor gastric residual volumes as per Adult Gastric Feeding Flow Chart on back of Orders.</li> <li>7. Increase feeding rate by 25 mL/h q4 h up to _____ mL/h (for gastric feedings follow Adult Gastric Feeding Flow Chart on back of Orders).</li> <li>8. Docusate sodium elixir 100 mg BID via feeding tube.</li> <li>9. Weekly weight.</li> <li>10. Monitor intake and output, and stool output.</li> <li>11. q Monday and Thursday: Creatinine, urea, electrolytes and prealbumin.                      q Monday: Albumin, calcium, magnesium, phosphate, 24 hour urine for urea (start Sunday, complete Monday).</li> <li>12. Flush tube with at least 10 mL sterile water q4 h during feedings, at beginning and end of feedings, after aspiration for residuals, and before and after medication administration.</li> <li>13. <input type="checkbox"/> If unable to flush, declog tube with pancrelipase 8,000 units mixed with crushed sodium bicarbonate 300 mg in 5mL warm water prn.</li> </ol>	
Physician Signature: _____	
Printed Name: _____	
Date & Time: _____	

# Adult Gastric Feeding Flow Chart



Orig: 2002 July  
Rev: 2002 November