

Your HealthCare Team

Home tube-feeding is a whole new set of procedures and responsibilities for you, your child and your family. It is only natural to have questions, or to need some clarification, once you have brought your child home. Contact your healthcare team if you have any questions at all about any part of your child's home tube-feeding plan, including how they are managing feeds, if they are having any problems, or you have questions about their formula. Your healthcare team is there for you and your child to make sure that your home tube-feeding experience is as comfortable and problem-free as possible.

Your Healthcare Support Team

A team of healthcare professionals will be closely monitoring your child's progress with tube-feeding. If you have any questions or concerns, feel free to consult your team for guidance and support.

Physician _____

Address/Hospital _____

Telephone _____ E-mail _____

Registered Dietitian _____

Address/Hospital _____

Telephone _____ E-mail _____

Nurse _____

Address/Hospital _____

Telephone _____ E-mail _____

Other Healthcare Professionals _____

Address/Hospital _____

Telephone _____ E-mail _____

Home Care Agency _____

Address/Hospital _____

Telephone _____ E-mail _____

Emergency Contact _____

Address/Hospital _____

Telephone _____ E-mail _____

Other Support _____

Address/Hospital _____

Telephone _____ E-mail _____

Your Home Tube-feeding Instructions

Patient Name: _____

Tube Feeding Orders

Formula Name: _____

Total calories per day _____ Total volume per day _____ (# of cans or containers, or mL)

If pump feeding: Pump rate _____ mL/hour

If bolus/intermittent feeding: _____ (# of cans or containers, or mL per feeding)
at the following times: _____

Feeding tube flushed every _____ hours with room temperature water at the following times:

Supply Information

Manufacturer, type and size of feeding tube: _____

The tube was put in at _____ site _____

Manufacturer and type of feeding container _____

Change feeding container every _____ hours

Type of attachments needed to connect tubing to container _____

Change attachments and tubing every _____ (hours/days)

Name and manufacturer of pump _____



Important reminder: Please consult your child's healthcare team with any questions about your child's home tube-feeding plan.

If you have any questions about MyTubeFeedingKid or resource materials, please contact Nestlé HealthCare Nutrition at 1-800-315-9795.

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