Ontario Health atHome

Santé à domicile Ontario

# Enteral Feeding Order Form - Adult

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## PATIENT DETAILS

| Surname | | First Name |
|---|---|---|
| Home Address | | |
| City | | Postal Code |
| Health Card Number (HCN) | Version Code | Date of Birth (YYYY-Month-DD) |

## ENTERAL FEEDING TUBE DETAILS

Type of Feeding Tube

- ◯ Nasogastric (NG tube)
- ◯ Gastrostomy (G-tube)
- ◯ Gastrojejunostomy (GJ-tube)
- ◯ Percutaneous Endoscopic Gastrostomy (PEG)
- ◯ Combination G/GJ tube
- ◯ Percutaneous Endoscopic Gastrojejunostomy (PEG-J)
- ◯ Jejunostomy (J-tube)
- ◯ Other:

| Date of Insertion (YYYY-Month-DD) | Tube Size | Name of Provider Performing Tube Insertion |
|---|---|---|
| Plan for Tube Replacement | | |

## FORMULA PRESCRIPTION

| Name of Formula | Daily Amount (mL) |
|---|---|
| Current Feeding Rate<br>_____ cc/hr for _____ hrs | Goal Feeding Rate<br>_____ cc/hr for _____ hrs |

Feeding Progression Instructions

- ◯ Community Registered Dietitian to progress according to tolerance and Best Practice Guidelines
- ◯ Follow special instructions for feeding rates (please specify below)

Special Instructions

Gravity or Pump

**Note: A signed prescription for feed including type and rate, as well as a completed Nutrition Products Form from the physician must be faxed to the pharmacy providing the feed.**

Pharmacy Prescription sent to (Name)

## FLUSHING AND ORAL INTAKE REQUIREMENTS

Flushing Requirements

Oral Intake Restrictions/Recommendations

Additional Information

| Surname: | First Name: | HCN: |
|---|---|---|

## SUPPLIES

| Assistive Devices Program Application initiated by (Name) | Date Submitted (YYYY-Month-DD) |
|---|---|
| | |

| ENTERAL FEED PUMP/SETS | CODE: | MAX |
|---|---|---|
| ☐ Kangaroo OMNI™ Enteral Feed Pump | PIN6026 | |
| ☐ Kangaroo OMNI™ Feed Only Set 1000mL | PIN6027 | 6 |
| ☐ Kangaroo OMNI™ Feeding Set with Flush Bag 1000mL | PIN6029 | 6 |
| ☐ Kangaroo OMNI™ Feeding Set ENPlus Spike | PIN6031 | 6 |

| OTHER SUPPLIES | | |
|---|---|---|
| Legacy Enteral Feeding Supplies | | |
| ☐ Adjustable IV Pole, 5 wheel base | PIN6002 | |
| ☐ Feeding Gravity Set with ENFit Connector, 1000 ml, EA | PIN6258 | 2 |
| ☐ Extension Set, Y Site, Kangaroo, Non-ENFit, EA | PIN6269 | 2 |
| ☐ Syringe 10cc Luer Lock | PS4042 | 20 |
| ☐ Syringe, Catheter Tip, 60cc, EA | PS4043 | 20 |
| ☐ Syringe 35cc Luer Lock | PS4046 | 20 |
| ☐ Medipore Soft Cloth Tape 5cm x 9.14m | PS4892 | 1 |
| ENFit Supplies | | |
| ☐ Syringe, ENFit Connection, Sterile, 35ml, Purple, EA | PIN6272 | 14 |
| ☐ Syringe ENFit Connection, Sterile, 6ml, Purple, EA | PIN6273 | 14 |
| ☐ ENFit Set, Extension w/Securlok, 2 Port&Clamp, 12", EA | PIN6298 | 6 |
| ☐ ENFit Extension Set Y Stie, Kangaroo, EA | PIN6299 | 6 |
| ☐ ENFit Adapter, Kangaroo Feeding Y-Port Peg, 20FR, EA | PIN6300 | 6 |
| ☐ ENFit Transition connector, EA | PIN6301 | 6 |
| ☐ Additional Supples: | | |

## DECLARATION

| Dietitian Name | Signature | Date Signed (YYYY-Month-DD) |
|---|---|---|
| Physician/Nurse Practitioner Name (CPSO or CNO #) | Signature | Date Signed (YYYY-Month-DD) |