

Enteral Feeding Order Form - Pediatrics

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Telephone: 1-800-811-5146 Fax: 519-472-4045

PATIENT DETAILS

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

ENTERAL FEEDING TUBE DETAILS

Type of Feeding Tube	
<input type="radio"/> Nasogastric tube (NG tube)	<input type="radio"/> MIC-Key Gastrostomy tube (G-tube)
<input type="radio"/> Gastrojejunostomy tube (GJ tube)	<input type="radio"/> Combination G/GJ tube
<input type="radio"/> Other:	
Date of Insertion (YYYY-Month-DD)	Tube Size
Name of Provider Performing Tube Insertion	Plan for Tube Replacement

FORMULA PRESCRIPTION

Name of Formula	
Volume	Time of Feeds
Mode of Delivery	
<input type="radio"/> Pump: _____ cc/hour run over _____ hours	
<input type="radio"/> Gravity: given over _____ minutes	
<input type="radio"/> Syringe push: given over _____ minutes	
Additional Information	
Community Dietitian Referral Required	Pharmacy Prescription sent to
<input type="radio"/> No <input type="radio"/> Yes	
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.	

FLUSHING REQUIREMENTS

Flushing Requirements
Venting Requirements
Additional Information

Surname:	First Name:	HCN:
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ORAL FEED AND RESTRICTIONS

Oral Intake Recommendations

New Modified Barium Swallow Test Completed

No Yes

Completion Date (YYYY-Month-DD)

SUPPLIES

Assistive Devices Program Application initiated by (Name)

Date Initiated (YYYY-Month-DD)

ENTERAL FEED PUMP/SETS

CODE:

MAX

<input type="checkbox"/> Kangaroo OMNI™ Enteral Feed Pump	PIN6026	
<input type="checkbox"/> Kangaroo OMNI™ Feed Only Set 1000mL	PIN6027	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set with Flush Bag 1000mL	PIN6029	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set ENPlus Spike	PIN6031	6

OTHER SUPPLIES

Legacy Enteral Feeding Supplies

<input type="checkbox"/> Adjustable IV Pole, 5 wheel base	PIN6002	
<input type="checkbox"/> Syringe 10cc Luer Lock	PS4042	20
<input type="checkbox"/> Syringe 60cc Catheter Tip	PS4043	20
<input type="checkbox"/> Syringe 35cc Luer Lock	PS4046	20
<input type="checkbox"/> Tape, Medipore Soft Cloth, 5cm X 9.14M (2862), EA	PS4892	1

ENFit Supplies

<input type="checkbox"/> MIC-Key Continuous Feed Extension Set 12", EA	PIN6201	14
<input type="checkbox"/> Syringe, ENFit Connection, Sterile, 35ml, Purple, EA	PIN6272	14
<input type="checkbox"/> Syringe ENFit Connection, Sterile, 6ml, Purple, EA	PIN6273	14
<input type="checkbox"/> ENFit Extension w/Securilock, 2 Port & Clamp, 12", EA	PIN6298	6
<input type="checkbox"/> ENFit Extension Set Y Site, Kangaroo, EA	PIN6299	6
<input type="checkbox"/> ENFit Adapter, Kangaroo Feeding Y-Port Peg, 20FR, EA	PIN6300	6
<input type="checkbox"/> ENFit Transition connector, EA	PIN6301	6
<input type="checkbox"/> Feeding Gravity Set with ENFit Connector, 1000 ml, EA	PIN6258	2

Alternative Supplies

<input type="checkbox"/> Pedi-Tube Nasogastric Feeding Tube, Pediatric, 6FR x 36", No Weight, No Stylet, Y Port, EA	PIN6203	2
<input type="checkbox"/> Feeding Tube, PVC, Radiopaque Line, Sterile, *8FR x 42", EA	PIN6204	2
<input type="checkbox"/> Feeding Tube, Nasogastric, Infant, Radiopaque, Sterile, 5FR x 91.5cm (36"), EA	PIN6205	2

Additional Supplies:

DECLARATION

Dietitian Name

Signature

Date Signed (YYYY-Month-DD)

Physician/Nurse Practitioner Name
(CPSO or CNO #)

Signature

Date Signed (YYYY-Month-DD)