

Tube Feeding

Client Name: _____ **#:** _____ **Initiated by:** _____ **Date:** _____

Screen

Nutrition Screen diagnosis: Tube Feeding.
 Enteral Tube Feeding Continuity of Care from
 Referring Agency/Facility reviewed _____ (Date).
 Signed: _____ Date: _____

Goals (check any/all):

- Maintain or improve mobility in _____ (goal time).
 - Maintain or improve nutritional status in _____ (goal time).
 - Increase strength in _____ (goal time).
- Weight maintained, or loss/ gain of _____ lb in _____ (goal time).

Assess (Check any/all)

- Tube feeding initiated within 5 days
 - Change in TF administration/formula
 - Change in enteral access
 - Aspiration risk
 - Dehydration
 - Tube site infection
- Weight/BMI**
- Weight loss >3 lb/wk or >5%/mo or >10%/6 mo
 - BMI <20 (High Risk)
 - BMI >27
- GI Distress Symptoms**
- Nausea Vomiting
 - Diarrhea Constipation
- Signed: _____ Date: _____

Moderate Risk Interventions (Check any/all)

- Tube Feeding at Home video viewed and booklet explained
 - Food Record provided and explained (if also on PO diet)
 - Enteral TF prescription/protocol explained
 - TF management reinforced
- Obtain Dr. orders as needed:**
- RD chart consult
 - Tube site care
 - Other: _____
(See notes for documentation.)
- Signed: _____ Date: _____

None

1 or more

Next visit

High Risk Interventions (Check any/all)

- Tube Feeding at Home video viewed and booklet explained
 - Enteral TF prescription/protocol explained
- Obtain Dr. orders as needed:**
- RD referral for home visits
 - Change in TF administration/formula
 - Tube site care
 - Medication initiation/adjustment
 - Monitor weight q: _____
 - Monitor I & O q: _____
 - Other: _____
(See notes for documentation.)
- Signed: _____ Date: _____

Assess Response (Check any/all)

- Tube site infection
 - Weight change not appropriate per goal
 - Exhibiting GI Distress Symptoms
 - Dehydration
 - Other: _____
(See notes for documentation.)
- Signed: _____ Date: _____

1 or more

Outcomes Achieved

- Tube site free of infection
 - Weight maintained or gained
 - Hydration status maintained or improved
 - Absence of GI Distress Symptoms
 - Other: _____
(See notes for documentation.)
 - Repeat Nutrition Risk Screen in _____ days
- Signed: _____ Date: _____

None

Next visit

Assess Response (Check any/all)

- Tube site infection
 - Weight change not appropriate per goal
 - Continued dehydration
 - Exhibiting GI Distress Symptoms
 - Other: _____
(See notes for documentation.)
- Signed: _____ Date: _____

None

Outcomes Achieved

- Tube site free of infection
 - Weight maintained or gained
 - Hydration status maintained or improved
 - Absence of GI Distress Symptoms
 - Other: _____
(See notes for documentation.)
 - Repeat Nutrition Risk Screen in _____ days
- Signed: _____ Date: _____

1 or more

Outcomes Not Achieved

Reassess/evaluate need for additional treatment/parenteral nutrition. Document on Nutrition Variance Tracking form.