

ALWAYS PREPARED IN CASE OF AN EMERGENCY.

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FEEDING TUBE INFORMATION Name: _____

Initial Placement Date: _____

Facility: _____

Department: GI/Endo IR ED

Tube Manufacturer: _____

Product Code: _____

Length: _____

French Size (Fr): _____

Access: Naso Gastric Jejunal Other _____

Tube Type: NE/NG/NJ GJ G J PEG/PEG-J

Balloon Standard Profile Balloon Low Profile Other _____


ENFit™?
 YES
 NO

Use: Feeding Medication
 Draining Venting
Other: _____

Method of Administration:
 Bolus Gravity Pump
Other: _____

If Feeding, list FORMULA:

If Pump, list RATE:

 tubefed.com

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