



## Pediatric Feeding & Speech Tube Feeding Form

### **History**

NG-Tube      Date of insertion: \_\_\_\_\_      how long in place: \_\_\_\_\_  
 NJ-Tube      Date of insertion: \_\_\_\_\_      how long in place: \_\_\_\_\_  
 G-Tube      Date of surgery: \_\_\_\_\_      Nissan fundoplication?    Yes    No  
 J-Tube      Date of surgery: \_\_\_\_\_

Who monitors/adjusts your child's tube feedings? \_\_\_\_\_  
 Are you working with a dietician? Yes/No    Name/Facility: \_\_\_\_\_

### **Current Feeding**

What formula goes into the feeding tube? \_\_\_\_\_  
 What else goes in the feeding tube? \_\_\_\_\_  
 Who usually tube feeds your child? \_\_\_\_\_  
 Where is your child tube-fed?    Circle all that apply.  
 Highchair                      Adult's lap                      Crib/Bed                      Walking around the house

### **Feeding Schedule**

Are tube feedings given via:                      syringe                      gravity                      feeding pump

Current feeding schedule:

**Continuous** feed: Rate- \_\_\_\_\_cc's/hr    Duration: \_\_\_\_\_ hours  
    Beginning time: \_\_\_\_\_    End time: \_\_\_\_\_

**Bolus** feeds: Rate- \_\_\_\_\_cc's/hr    Duration: \_\_\_\_\_

Total # of feeds/day: \_\_\_\_\_    Total volume/day: \_\_\_\_\_cc's/ml's

Time of feeds: \_\_\_\_\_

Does your child eat any foods or liquids by mouth? \_\_\_\_\_

### **Problems**

Have you had difficulty increasing the rate or volume?                      Yes                      No

Does your child retch/vomit?    Yes    No    If yes, how often? \_\_\_\_\_

Any particular time of day? \_\_\_\_\_

What do you attribute the vomiting to? \_\_\_\_\_

Is your child comfortable during tube feeds?    Yes    No

Does your child cry during tube feedings?    Yes    No

Does your child resist being tube fed?    Yes    No

If yes, describe: \_\_\_\_\_

Is there anything else you think we need to know?: \_\_\_\_\_