

Your Tube Feeding Plan

Name: _____ Date: _____

Time	Formula and Amount	Rate	Water Flushes Before and After

Your current weight: _____ kg

Your daily tube feeding plan provides:

Calories: _____ Protein: _____ Fluid: _____

Your Tube Feeding Supplies

Formula: _____

Alternate Formula: _____

Syringe: _____

You may also need:

Feeding Set: _____

Pump: _____

IV Pole

G-tube maintenance kit (prescription required)

Other: _____

Purchase supplies at: _____