

## Feeding schedule:

Formula type	Feed Time – Day	Feed Time – Night	Method			Feeding tolerance	Yes	No
				Continuous	Bolus			
			Oral			Vomiting		
			G-tube			Increased stool output		
			G/J-tube			Adbominal discomfort		
			NG tube			Reflux symptoms		
			NJ tube					

## Sample feeding schedule:

Formula type	Feed Time – Day	Feed Time – Night	Method			Feeding tolerance	Yes	No
				Continuous	Bolus			
<b>Nutramigen</b>	<b>400 ml 8am, 12pm, 4pm</b>		Oral		<b>Yes</b>	Vomiting		<b>X</b>
<b>Water Flush</b>	<b>30 ml before &amp; after feeds</b>		G-tube			Increased stool output		<b>X</b>
			G/J-tube			Adbominal discomfort		<b>X</b>
			NG tube			Reflux symptoms		<b>X</b>
			NJ tube					

Medication list:

Medication name	Dose	Route	Times per day	Purpose	Start date	End date

Equipment and supplies:

DME supplier contact information:

Infusion supplier:

Name of equipment/supplier	Vendor

Care Team Contact Information:

Position	Person	Phone
Pediatric Gastroenterologist		
Pediatric Gastroenterologist		
Intestinal Rehab Dietitian		
Intestinal Rehab Dietitian		
Nurse Practitioner		
Nurse Practitioner		
Nurse		
Social Worker		