



## Enteral Feeding Order Form - Pediatrics

356 Oxford Street West London, ON N6H 1T3  
Telephone: 1-800-811-5146 Fax: 519-472-4045

### Patient Information

Surname		First Name
Home Address		
City		Postal Code
Health Card Number (HCN)	Version Code	Date of Birth (YYYY-Month-DD)
Contact Name		Phone Number

### Enteral Feeding Tube Details

Types of Feeding Tube	
<input type="radio"/> Nasogastric tube (NG tube)	<input type="radio"/> MIC-Key Gastronomy tube (G tube)
<input type="radio"/> Gastrojejunostomy tube (GJ tube)	<input type="radio"/> Combination G/GJ tube
<input type="radio"/> Other:	
Date of insertion (YYYY-Month-DD)	Tube Size
Name of Provider Performing Tube Insertion	Plan for Tube Replacement

### Formula Prescription

Name of Formula	
Volume	Time of Feeds
Mode of Delivery	
<input type="checkbox"/> Pump:          cc/hour run over          hours	
<input type="checkbox"/> Gravity: given over          minutes	
<input type="checkbox"/> Syringe push: given over          minutes	
Additional Information	
Community Dietitian Referral Required	Pharmacy Prescription sent to
<input type="radio"/> Yes <input type="radio"/> No	

**Note:** A signed prescription for feed including type and rate, as well as completed Nutrition Products form from the physician must be faxed to the pharmacy providing the feed.

### Flushing Requirements

Flushing Requirements
Venting Requirements
Additional Information

Surname	First Name	Health Card Number
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## Oral Feed and Restrictions

Oral Intake Recommendations

## Supplies

Assistive Devices Program Application Initiated by (Name)

Date Initiated (YYYY-Month-DD)

Enteral Feed Pump/Sets	Code	Max
<input type="checkbox"/> Adjustable IV Pole, 5 wheel base	PIN6002	
<input type="checkbox"/> Kangaroo OMNI™ Enteral Feed Pump	PIN6026	
<input type="checkbox"/> Kangaroo OMNI™ Feed Only Set 1000mL	PIN6027	6
<input type="checkbox"/> Kangaroo OMNI™ Feed Only Set 500mL	PIN6028	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set with Flush Bag 1000mL	PIN6029	6
<input type="checkbox"/> Kangaroo OMNI™ Feeding Set ENPlus Spike	PIN6031	6
<input type="checkbox"/> Feeding Gravity Set with ENFit Connector, 1000 ml, EA	PIN6258	2
<b>Supplies</b>		
<input type="checkbox"/> Tape, Medipore Soft Cloth, 5cm X 9.14M (2862), EA	PS4892	1
<input type="checkbox"/> Extension set, Y Site, Kangaroo, Non-ENFit, EA	PIN6269	2
<b>ENFit Supplies</b>		
<input type="checkbox"/> MIC-Key Continuous Feed Extension Set 12", EA	PIN6201	14
<input type="checkbox"/> Syringe, Monoject Enteral, ENFit Connection, 60ml, EA	PS4878	20
<input type="checkbox"/> Syringe, ENFit Connection, Sterile, 35ml, Purple, EA	PIN6272	14
<input type="checkbox"/> Syringe ENFit Connection, Sterile, 6ml, Purple, EA	PIN6273	14
<input type="checkbox"/> Syringe, Monoject with ENFit Connection, Sterile, 1ml, Purple, EA	PIN6120	14
<input type="checkbox"/> ENFit Extension w/Securilock, 2 Port & Clamp, 12", EA	PIN6298	6
<input type="checkbox"/> ENFit Extension Set Y Site, Kangaroo, EA	PIN6299	6
<input type="checkbox"/> ENFit Adapter, Kangaroo Feeding Y-Port Peg, 20FR, EA	PIN6300	6
<input type="checkbox"/> ENFit Transition connector('white stepped adaptor'), EA	PIN6301	6
<b>Alternative Supplies</b>		
<input type="checkbox"/> Nasogastric Feeding Tube with ENFit Connector, CORFLO, 8FR x 36"	PIN6114	2
<input type="checkbox"/> Nasogastric Feeding Tube with ENFit Connector, CORFLO, 6FR x 36"	PIN6115	2
<input type="checkbox"/> Kangaroo Polyurethane Feeding Tubes, ENFit, 6.5FR x 36"	PIN6116	2
<input type="checkbox"/> Additional Supplies:		

## Declaration

Dietitian Name	Signature	Date Signed (YYYY-Month-DD)
Physician/Nurse Practitioner Name (CPSO or CNO #)	Signature	Date Signed (YYYY-Month-DD)