**General - Prior to Discharge**

**Diet**

| [] Diet Tube Feeding with Tray | Diet effective now, Starting today |
| Tube Feeding Formula: | |
| Bolus Feeding Formula: | |
| Bolus Feeding Formula: | |
| Tube Feeding Bolus (mL): | |
| Tube Feeding Bolus frequency: | |
| Begin/Advance comment: | |
| Tube Feeding Continuous Goal rate (mL/hr): | |
| Tube Feeding Cyclic (start / stop time): | |
| Tube Feeding Cyclic Rate (mL/hr): | |
| Tube Feeding water flush (mL): | |
| Water Flush type: | |
| Water flush frequency: | |
| Modular Products: | |
| Modular Product Units Per Day: | |
| Diet Comments: | |

**Nursing Assessments**

[X] Nursing communication

Routine, Until discontinued, Starting today, Initiate Percutaneous Endoscopic Gastroscopy (PEG) Protocol., Post-Procedure

**Nursing Interventions**

[ ] Clamp feeding tube

Routine, Until discontinued, Starting today For 12 Hours, Post-Procedure

[ ] Tube to gravity drainage

Routine, Until discontinued, Starting today

Drain tube for: __________________________ (Required)

Plug tube for: __________________________ (Required)

Post-Procedure

[ ] Remove dressing

Routine, Once, Starting today, Post-Procedure

[ ] Nursing communication

Routine, Until discontinued, Starting today, Clean insertions site with solution of 1/2 hydrogen peroxide and 1/2 water with Q-tip twice daily. Thereafter, clean insertion site using warm water and soap. Use hydrogen peroxide solution only if difficult to clean., Post-Procedure

**Education**

**PROVIDER INITIALS: __________**
**Patient education**
Routine, Prior to discharge, Starting today, Instruct patient regarding PEG tube care., Post-Procedure

**Discharge Instructions - Prior to Discharge**

**Discharge instructions**
Routine, Prior to discharge, Starting today, Review home medications by provider if new discharge medications are prescribed. May discharge patient after being seen by physician and discharge criteria met, Post-Procedure

**Discharge instructions**
Routine, Once, Starting today, Post-Procedure

---

**General - AMB Orders - Post Discharge**

**Diet - Discharge**

**Diet Tube Feeding with Tray**
Routine, Hospital Performed, Post Discharge

---

**Ancillary Referrals - Discharge**

**Ambulatory referral to Nutrition Services**
Internal Referral, Post Discharge
Reason for referral: ____________________ (Required)

---

**Education - Discharge**

**Patient education (specify)**
Routine, Clinic Performed, Post Discharge

---

**Discharge Instructions - Post Discharge**

**Wound care**
Routine, Clinic Performed, Post Discharge
Clean insertion site with solution of 1/2 hydrogen peroxide and 1/2 water with a Q-tip twice a day for ________ (required) weeks. Thereafter, clean insertion site using warm water and soap. Use hydrogen peroxide solution only if difficult to clean.

---

**Discontinue dressing**
Routine, Clinic Performed, Post Discharge

**Nursing communication**
Routine, Clinic Performed, Post Discharge

**Follow-up with Physician**
Routine, Clinic Performed, Post Discharge

**Discharge instructions**
Routine, Clinic Performed, Post Discharge

---

Date:_______ Time:_______ Printed Name of Ordering Provider:__________________________

Provider Signature:_________________________________________________________________

Date:_______ Time:_______ RN Acknowledged:___________________________________________