

UMC Health System

Patient Label Here

GASTRIC TUBE ENTERAL FEEDING PLAN
- Phase: Cleared for Use

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Communication

Confirm Gastric Tube Placement - Cleared (Confirm Gastric Tube Placement - Cleared for Use)

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



GASTRIC TUBE ENTERAL FEEDING PLAN
- Phase: Insert Gastric Tube

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Insert Gastric Tube (Insert NG Tube) <input type="checkbox"/> Nasogastric - NG <input type="checkbox"/> Nasogastric - NG
	Insert Gastric Tube (Insert OG Tube) <input type="checkbox"/> Orogastric - OG <input type="checkbox"/> Orogastric - OG
	Insert Gastric Tube (Insert Post Pyloric Feeding Tube) <input type="checkbox"/> Post Pyloric Feeding Tube <input type="checkbox"/> Post Pyloric Feeding Tube
	Insert Gastric Tube

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



GASTRIC TUBE ENTERAL FEEDING PLAN
- Phase: Maintenance Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	Flush Gastric Tube (Free Water via Gastric Tube)
	Do NOT Manipulate NG/OG Tube
Dietary	
	Consult Dietitian for Tube Feeding <input type="checkbox"/> Keep HOB >= 30 degrees; Check Residual every AM at 0500. If residuals >/=500mL, notify MD during rounds. If patient develops signs or symptoms of EN intolerance, notify MD immediately.
	Continuous/Cyclic Tube Feeding <input type="checkbox"/> Keep HOB >= 30 degrees; Check Residual every AM at 0500. If residuals >/=500mL, notify MD during rounds. If patient develops signs or symptoms of EN intolerance, notify MD immediately.
Diagnostic Tests	
	DX Abdomen Portable
	DX Chest Portable

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

