

Patient's Full Name:.....

Date of Birth:.....

Address:.....

NHS No:.....

Hospice EMIS No:.....

Please note: If copy and pasting information, please ensure text fits in the boxes provided. Additional space is provided on **page 4** for any more information.

Information required	Answer
<p>Tube</p> <p>When was the initial tube inserted?</p> <p>What type of tube is it? (PEG/RIG/balloon gastrostomy/ JEJ/ PEG-J)</p> <p>If the tube is a balloon gastrostomy:</p> <ul style="list-style-type: none"> • When was the tube was last changed? • When was the water in the balloon last changed? 	
<p>Have there been any problems with the tube or stoma site since insertion?</p>	
<p>What is the current feed regimen?</p> <p>Bolus or pump?</p> <p>Full name of feed</p> <p>Volume of feed</p> <p>Rate of feeding (of pump fed)</p> <p>Water flushes</p>	
<p>Is the patient at risk of refeeding syndrome? Some examples:</p> <ul style="list-style-type: none"> • Little or no nutrition for more than 5 days • BMI less than 16 in a starved state • BMI < 18.5 and unintentional weight loss >10% in 3-6 months 	
<p>REQUIRED PRIOR TO TRANSFER as Moya Cole Hospice does not have a contract for feeds or equipment)</p> <p>Has the patient been registered with their local nutrition company via the community dietitians?</p> <p>Community dietitians department and phone number: Who normally changes the tube (for balloon gastrostomies only) (e.g. nutrition nurse/district nurse/ family)?</p>	

Additional Information