

Your Child's Tube Feeding **SCHEDULE**

Your Child's Formula is			
Total amount of formula each day _____		(number of containers of formula each day _____)	
Your child will use _____ cases of formula each month		Reorder your formula on the _____ day of each month	
<input type="checkbox"/> Feeding by Gravity or Syringe		<input type="checkbox"/> Feeding with a Pump	
Take your child feedings _____ times each day If using gravity feeding, the formula flow rate will be _____ drips or _____ mL per _____ seconds		Rate (mL/hour): _____	
		Hours to feed each day: _____	
Time	Amount	Feeding Time	
		From	To
		From	To
		From	To
		From	To
		From	To
		From	To
		From	To
		From	To
Water Flushes			
Before starting the feeding, flush your child's tube with _____ mL of water.			
After the feeding is finished, flush your child's tube with _____ mL of water.			
OR			
Every _____ hours, flush with _____ mL of water.			
Notes			

Follow the advice from your healthcare professional.