

Your Tube Feeding **SCHEDULE**

Your Formula is			
Total amount of formula each day _____		(number of containers of formula each day _____)	
You 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 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

Water Flushes
Before starting the feeding, flush your tube with _____ mL of water.
After the feeding is finished, flush your tube with _____ mL of water.
OR
Every _____ hours, flush with _____ mL of water.
Notes

Follow the advice from your healthcare professional.