

Nourishing every day.



Go for the Goals

Print this worksheet to help track your tube-feeding schedule. Enter the information prescribed by your healthcare professional and keep the worksheet handy to record daily activity. This can be especially helpful if you're transitioning back home.

Your Tube-Feeding Schedule

Intermittent or bolus feeding

In order to provide the nutrition you need, this schedule for your **intermittent** or **bolus** tube feeding and flushes has been developed by your healthcare professional:

Your tube-feeding formula is _____.

Take your feedings _____ times each day.

Each of your feedings should include _____ fluid ounces or _____ mL of formula.

You will use _____ containers at each feeding.

Before each feeding, flush your tube with _____ fluid ounces or _____ mL of room temperature water, using a 60 mL or larger syringe to gently push the water through the tube.

After each feeding, flush your tube with _____ fluid ounces or _____ mL of room temperature water, again using a 60 mL or larger syringe to gently push the water through the tube.

Time	Tube Flush (fl. oz. or mL before feeding)	Amount of Formula (containers per feeding)	Rate for Gravity Feeding* (drops per minute)	OR	Rate for Pump Feeding* (mL per hour)	Tube Flush (fl. oz. or mL after feeding)

*Not necessary with bolus feeding

Metric Conversion Table: Liquid (1cc = 1mL)	Standard	1 tablespoon	1 fluid ounce	1 cup	1 quart
	Metric	15 mL	30 mL	237 mL	946 mL

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Weight							
Amt. of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Tube Site (clean, red, sore)							
Temperature							
Stomach Residual							
Physical Activity							

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Weight							
Amt. of Formula Taken							
Water Taken							
Other Food or Fluid							
Stool Frequency							
Stool Consistency							
Tube Site (clean, red, sore)							
Temperature							
Stomach Residual							
Physical Activity							

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NOTES: _____
