Tube Feeding / PEG Placement for Adults

Tube Feeding/PEG Placement Guide

Patient Name _____ **Date of Birth** _____ **Date** _____

Complete the blanks and check all that apply:

1. I have completed the eating/feeding/nutritional assessment on the *Approach to Adult Patient Unable to Maintain Nutrition Checklist for Global Assessment* on page 4 of this guideline and:
   - ☐ No reversible factors have been identified
   - ☐ Reversible factors have been identified and addressed, but eating/feeding/nutritional assessment have not shown significant improvement

2. For this patient, the assessment of potential benefits of tube feeding are as follows (Refer to *Benefits and Burdens of PEG Placement* table, on page 6 of this guideline, as a method to complete this assessment):
   - ☐ Likely ☐ Uncertain ☐ Not Likely **to prolong life**
   - ☐ Likely ☐ Uncertain ☐ Not Likely **to improve quality of life**
   - ☐ Likely ☐ Uncertain ☐ Not Likely **to enable potentially curative therapy or reverse the disease process**

3. Discussions have taken place with: _____
   Name of Medical Decision Maker
   ☐ Patient ☐ Health Care Agent ☐ Public Health Law Surrogate ☐ § 1750-b Surrogate

   _____
   Name(s) or other person(s) involved in the discussion

   About:
   - ☐ understanding of current illness and prognosis (including functional recovery)
   - ☐ benefits and burdens of PEGs and other treatment options
   - ☐ patient's advance directives, prior wishes, values, cultural & spiritual concerns, if any, and goals for care (rather than technical options)

4. ☐ Discussions about the above areas have been documented in the chart

5. Tube Feeding: ☐ **WILL** be started ☐ **WILL NOT** be started

6. **FOR PATIENTS WHO WILL START TUBE FEEDING:**
   - The tube feeding decision is based on:
     - ☐ prolonging life
     - ☐ improving quality of life and/or functional status
     - ☐ enabling potentially curative therapy or reversing the disease process
     - ☐ other _____

Because the benefits or failures of tube feeding are likely to occur within 3-6 months following placement, periodic reassessment is most important.

- The initial re-assessment of the need for tube feeding will be in: ☐ 30 days ☐ 60 days ☐ ____ days #

Subsequent assessments will be based on clinical status.

- Need will be based on the following goals of therapy:
  - ☐ returning to baseline level of consciousness
  - ☐ weight gain and/or improvement in nutrition
  - ☐ regaining ability to swallow
  - ☐ prolonging life
  - ☐ improving quality of life and/or functional status
  - ☐ enabling potentially curative therapy
  - ☐ other: _____

_____ _____ _____

Physician (Designee) Signature **Physician (Designee) Printed Name** **Date**

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.