

Tube Feeding Worksheet

Patient/Resident Name

Date of Birth

Date

Complete the blanks and check all that apply:

1. I have completed the eating/feeding/nutritional assessment 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/resident, the assessment of potential benefits of tube feeding are as follows:

- | | | | |
|---------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Likely | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Not Likely | to prolong life |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Not Likely | to improve quality of life |
| <input type="checkbox"/> Likely | <input type="checkbox"/> Uncertain | <input type="checkbox"/> Not Likely | to enable potentially curative therapy or reverse the disease process |

3. Discussions have taken place with: _____

Name(s) of person(s)

About:

- understanding of current illness and prognosis (including functional recovery)
- benefits and burdens of PEGs and other treatment options
- patient's/resident's advance directives, prior wishes, values, cultural & spiritual concerns, if any, and goals of 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 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
 - other: _____
 - prolonging life
 - improving quality of life and/or functional status
 - enabling potentially curative therapy

Physician (Designee) Signature

Physician (Designee) Printed Name

Date