## Your Discharge Plan

My surgeon is	Phone number
My home health nurse is	Phone number
My feeding tube care supplies are	
Feeding tube type and model #	
Tube feeding formula	
Type of feeding:	
☐ Gravity drip ☐ Bolus syringe fee	eding
Number of daily feedings	_
Feeding schedule//	/
Amount of formula at feeding	
Amount of flush after feeding and medica	ation
☐ Vent or burp G-tube prior to each feed	ing?
☐ Check residuals prior to each feeding?	
	eave the hospital. It may take 1 to 2 days for everal days of supplies in case there is a delay.
Supplies may be ordered through a local pharmacy or a national internet order corcompany to see if they have preferred profor your feeding tube supplies. If you have assigned to order your supplies. Check wifor your specific details for the coverage of	mpany. Check with your insurance oviders. You may need a prescription e home health care, they may be ith your hospital discharge planner
Notes:	