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Session _____ Cabin _____

Cabin copy _____
 Nurse copy _____

GASTROSTOMY (FEEDING TUBE) QUESTIONNAIRE

This form must be received in the Friendship Ventures office 2 WEEKS PRIOR to participation in a Friendship Ventures program. Please plan to spend time with direct care staff and nurses, to demonstrate/assist with the first scheduled feeding /medication.

PARTICIPANT NAME: _____ DATES ATTENDING: _____

Please state diagnosis / reason for participant having a feeding tube: _____

What type of tube is used? Foley catheter ___ MIC ___ Button/Mushroom ___ Other ___

If self-retaining (mushroom) type, please send a Foley catheter for back-up.

Does participant take any FLUIDS by mouth? No ___ Yes ___ If yes, what fluids: _____ when: _____

Does participant take any FOODS by mouth? No ___ Yes ___ If yes, what foods: _____ when: _____

Does individual take any medication by: mouth ___ by gastrostomy tube ___

Please give detailed, step-by-step directions for administering medication via the tube: _____

Does tube have a separate port or opening for medications? No ___ Yes ___ Explain: _____

Amt. of water flush after meds via gastrostomy tube: _____ What equipment is used? syringe ___ funnel ___ gravity bag ___

Is participant fed via gastrostomy tube? No ___ Yes ___ What kind of formula is used? _____

How much formula is given at each feeding? _____ Amount of water to flush after feeding? _____

How much additional water is given at each feeding? _____

At what times are feedings/water given? _____

How is participant to be positioned during the feeding? _____

How is participant to be positioned *after* the feeding? _____

Does residual need to be checked before feeding? _____

Feeding rate: _____ At what height is gravity bag to be hung? _____

Does tube need to be vented after feeding? If so, for how long? _____

Can extra water be given if participant is hot, due to weather? If so, how much and how often? _____

At what temperature would participant need additional fluids (i.e.>75°)? _____

If tube becomes clogged, how do you proceed? _____

Can extra water be given to flush tube? No ___ Yes ___ If yes, how much? _____

How are tubes, bags, syringes etc. to be cleaned? _____

How is equipment to be stored? _____

BE SURE TO SEND ALL TUBES, ADAPTERS, BAGS, SYRINGES, FOOD, MEDICATIONS, CLEANING SUPPLIES AND SKIN CARE SUPPLIES ALONG TO CAMP. PLEASE INCLUDE EXTRA TUBE AND PLUGS.

Will the tube need to be changed during the week at camp? No ___ Yes ___ If yes, please give detailed, step-by-step instructions for how to change the tube: _____

If tube is expelled, how is it to be reinserted? _____

What if we are unable to reinsert the tube? _____

What special skin-care is required? _____

Please use the space on the back page for any additional information you think we should know about this individual's tube feedings.

 NAME OF PERSON COMPLETING FORM Relationship to applicant PHONE DATE

THANK YOU!