





## Administration of Feed Chart

The Administration of Feed Chart is to be used by families/clinets and Support Workers wherever a Support Worker is required to administer a feed through PEG or Nasogastric tube.

This form is to be accompanied by a Medical Treatment Plan, which is signed by a Medical Practitioner, Support Worker, CoOrdinator and family/client and a protocol which is to be detailed at the time of Support Worker introduction.

Client's Name: \_\_\_\_\_

Name of Feed: \_\_\_\_\_

Quantity to be administered: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Administration Details (Equipment to be used):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flush required: YES/NO If yes, Quantity of flush: \_\_\_\_\_

Details of administering flush (before/after feed): \_\_\_\_\_

If requiring feeding pump; rate per hour: \_\_\_\_\_

Additional Administration Details or Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carer's/Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_