

(Patient Identification)

Integrated Care Plan – Discharge Home with Nasogastric Tube

Tentative date of discharge _____

NGT packet given to parents. _____

CPR Training completed by 2 caregivers. _____

DISCHARGE CRITERIA

1. Infant is at or greater than 40 weeks PMA and at least 2 kg. y/n _____
2. Anticipate full PO intake within 6 months of discharge. y/n _____
3. Able to take at least 100ml/kg/day PO. y/n _____
GI consult completed. y/n Date ___/___/___

INFANT CARE

1. Caregivers demonstrate the ability to provide basic infant hygiene and safety. _____
2. Caregivers verbalize developmental needs of the infant. _____
3. Caregivers verbalize indications of when to call the doctor. _____
4. Caregivers schedule extended stay/time for teaching. _____

INFANT SAFETY

1. Caregivers can demonstrate ability to check placement of tube _____
2. Caregivers can successfully troubleshoot equipment issues _____
3. Caregivers can draw up correct feeding volume _____
4. Caregivers secure NGT properly _____
5. Caregivers can utilize pump properly _____
6. Caregivers know who to contact if NGT comes out _____

EQUIPMENT NEEDS

1. EnteraLite® Infinity Enteral Feeding Pump _____
2. Formula bags to use with the pump _____
3. Prescription for formula (check with DME company) _____
4. NG Tubing _____
5. Tape/Duoderm/Tegaderm (check with nurses/DME company) _____
6. pH strips _____
7. Syringes _____
8. IV pole for pump (if needed) _____

DISCHARGE NEEDS

1. GI follow-up scheduled _____
2. Speech follow-up scheduled _____
3. Visiting Nurse scheduled _____
4. Equipment ordered _____
5. Resources obtained for non-business hour needs _____
6. Equipment teaching completed _____
7. Birth to Three referral _____
8. NGT discharge checklist completed _____
9. KidsHealth videos completed _____

PEDIATRICIAN

1. Pediatrician's name: _____
2. Pediatrician in agreement with home tube feeding POC _____
3. First pediatrician appointment scheduled for: _____

NUTRITION

1. Discharge feeding plan is determined and initiated. _____
2. Caregivers given instructions on preparing milk safely. _____
3. Arrangements made for special formula. _____
4. Recipe for formula provided and reviewed with caregivers. _____
5. WIC papers completed as needed. _____
6. Lactation Consultant consultation. _____
7. Speech consultation _____

SOCIAL WORK

1. Contact made with family per Social Work department practice. _____

CASE MANAGER

1. Assigned case manager is _____
2. Case manager contacts family _____
3. Case manager talks with family about home care agency and equipment needs _____

Discharging RN Initials _____