

Your Name \_\_\_\_\_

Your Dietitian \_\_\_\_\_

Dietitian's Phone \_\_\_\_\_

Dietitian's E-mail \_\_\_\_\_

Your Current Weight	
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Your Daily Nutrition Needs	
Calories	
Protein	
Water	

Your Tube Type ( <i>check one</i> )	
<input type="checkbox"/>	Pump Tube
<input type="checkbox"/>	Bolus Tube
<input type="checkbox"/>	Gravity Tube

Your Tube Feeding Formula	
Name of formula	
Amount of formula you need each day	_____ bottles
	OR
	_____ ounces
	OR
	_____ mL
This is equal to _____ calories each day.	

Metric Conversion Table

Fluid Ounce	Milliliter	Tablespoons	Cups (approximate)
1 oz	30 mL	2 tbsp	-
2 oz	60 mL	4 tbsp	¼ cup
3 oz	90 mL	6 tbsp	-
4 oz	120 mL	8 tbsp	½ cup
5 oz	150 mL	10 tbsp	⅔ cup
6 oz	180 mL	12 tbsp	¾ cup
7 oz	210 mL	14 tbsp	⅞ cup
8 oz	240 mL	16 tbsp	1 cup

### Your Notes

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Pump Tube Feeding Schedule

Set your pump to \_\_\_\_\_ mL of **formula**  
every hour for \_\_\_\_\_ hours a day.

*Sample feeding time window:* \_\_\_\_\_ to \_\_\_\_\_

Set your pump to flush with \_\_\_\_\_ mL of **water**  
every hour for \_\_\_\_\_ hours a day.

*Sample water flush window:* \_\_\_\_\_ to \_\_\_\_\_

Flush your tube with a syringe using \_\_\_\_\_ mL  
of **water** before and after you disconnect your tube.

Use a syringe to flush your tube with \_\_\_\_\_ mL  
of **water** \_\_\_\_\_ times a day.

Other recommendations:

Bolus Tube Feeding Schedule

You need \_\_\_\_\_ mL of **formula** (\_\_\_\_\_ bottles),  
\_\_\_\_\_ times a day.

*Sample feeding times:*

Flush your tube with \_\_\_\_\_ mL of **water**  
before and after each feeding.

Use a syringe to flush your tube with \_\_\_\_\_ mL  
of **water** \_\_\_\_\_ times a day.

Other recommendations:

Gravity Tube Feeding Schedule

You need \_\_\_\_\_ mL of **formula** (\_\_\_\_\_ bottles)  
\_\_\_\_\_ times a day. Start with a slow drip. You may  
increase the drip rate if it feels OK.

*Sample feeding times:*

Flush your tube with \_\_\_\_\_ mL of **water**  
before and after each feeding

Use a syringe to flush your tube with \_\_\_\_\_ mL  
of **water** \_\_\_\_\_ times a day.

Other recommendations:

Your Notes

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For questions about your tube feeding instructions,  
call your doctor's office or the dietitians in the  
Linda B. and Robert B. Wiggins Wellness and  
Integrative Health Center:

**801-587-4585**