

Important information about my child's feeding tube

Child's Name: _____

Date of Tube placement: _____

Tube Type: _____

Tube Size: _____ French

Tube Length: _____ cm (low profile tubes only)

Balloon Volume (if applicable): _____ mL

Where does the tube end: Stomach Past Stomach (Jejunum or Small Intestine)

Care Team Member	Doctor/Service	Phone Number
Who do I call if we have problems with feeding? (This is also the doctor managing your child's nutrition needs).		
Who do I call if we have problems with the tube or the skin around the tube?		
Who is our family doctor?		
Which home care company provides our feeding supplies?		
Which home care company provides our home nursing?		
Who do we call if we need more formula?		