



True Friends  
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Office Use Only  
 Session \_\_\_\_\_  
 Cabin \_\_\_\_\_  
 Cabin Copy \_\_\_\_\_  
 Nurse Copy \_\_\_\_\_

## Feeding Tube Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program. Please plan to spend time with direct care staff and nurses to demonstrate/ assist with the first feeding/ medication at check-in.

Participant's Name: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Feeding Tube Kind:  G-tube  GJ  J  Other: \_\_\_\_\_ Type:  Mic-Key  Bard Button  Other: \_\_\_\_\_

Lumen size: (Fr) \_\_\_\_\_ Length : \_\_\_\_\_ Balloon Size: \_\_\_\_\_

Position during feeding: \_\_\_\_\_ Feeding/Formula Type: \_\_\_\_\_

Directions if formula needs to be mixed: \_\_\_\_\_

Bolus  Yes  No Continuous  Yes  No Pump rate \_\_\_\_\_/hr Brand of feeding pump: \_\_\_\_\_

Feeding Times:					
Amount (ml):					

Water Flush after feedings (amount) : \_\_\_\_\_ Water flush after medications: \_\_\_\_\_

Additional water allowed during the day:  Yes  No Amount given: \_\_\_\_\_ How often: \_\_\_\_\_

Needed Supplies:  Formula  Syringes  Extensions  Feeding bags  Feeding pump  Battery Charger  Extra G-tube  
 Other \_\_\_\_\_ \*Be sure to bring enough supplies, and site dressing supplies, to last for full duration of their stay plus 1 extra day.

**If tube becomes dislodged, they will only be administered by a licensed health care professional. Please explain emergency protocols for dislodged tubes:** \_\_\_\_\_

Equipment will be cleaned with regular hand washing soap and water and hung to dry. If you require something different you will be required to bring your own supplies for cleaning.

Additional information:

\_\_\_\_\_  
 Name of Person Completing Form                      Relationship to Participant                      Phone                      Date