

Feeding Tube Related ED Visit Follow up Questionnaire:
(If yes, please explain)

What was the reason for the ED visit? ***

Any clinic call before ED visit? ***

Time of ED arrival/ during clinic hours? ***

Last PANs/ surgery appointment ***

Interventions done in ED ***

Follow up Plan recommended by ED ***

Current tube: * FR *** cm Mic-key button**

Insertion Date: {:25128} {:25129}, {YEAR:25130}

Any difficulty using the gtube? {NO/Yes DEF NO:23125::"No"}

Gtube site concerns? {NO/Yes DEF NO:23125::"No"}

Granulation tissue	<input type="checkbox"/>	
Drainage/Leakage	<input type="checkbox"/>	
Redness	<input type="checkbox"/>	
Other - Please Specify		

Any dislodgements? {NO/Yes DEF NO:23125::"No"} (Details if applicable)

Difficulty connecting/disconnecting extension tubing? {NO/Yes DEF NO:23125::"No"}

What securement measures are you using? *** (grip lock, ACE wrap, Feeding tube belt, abdominal binder, onesie)

Home vendor: ***

Have you received the proper supplies? {NO/Yes DEF NO:23125::"No"}

Do you have a community health nurse? {NO/Yes DEF NO:23125::"No"}

Do you have your emergency kit? {NO/Yes DEF NO:23125::"No"}

Proper supplies? {NO/Yes DEF NO:23125::"No"}

Follow Up Plan:

- ***

- Follow up in *** **weeks** with pediatric GI/PANS clinic

- All questions/concerns addressed. *** verbalized understanding and agreement with plan