

## PEG DISCHARGE CHECKLIST

Please tick	Yes	Comment	Date	Nurse Signature/ NMBI No
<b>Gastrostomy Parent Teaching Plan:</b>				
Completed and signed by: Parent 1: _____ Parent 2: _____ Other (if applicable): _____				
<b>Gastrostomy Tube Feeding Information Booklet:</b>				
Parents/ Carer received a copy of booklet				
<b>Dietitian:</b>				
<b>Dietetic Referral Sent:</b>				
Dietician: _____ Bleep No: _____				
<b>Nutricia</b>				
<b>Nutricia contacted by Dietitian for Enteral Feeding Pump education</b> Ph: 1800 221800 / 01289 0236				
<b>Nutricia Rep will visit on:</b> _____ at _____				
One week supply of pump equipment given by Nutricia: (delivered to ward and received by parent/carers)				

Prescriptions				
<b>Feed Prescription</b> obtained _____				
<b>Feed Prescription</b> faxed by Dietician to local pharmacy Pharmacy Name: _____ Pharmacy Ph.: _____ Fax: _____				
<b>Supplies / Equipment Prescription</b> faxed by nurse to PHN with Discharge Letter				
<b>Copy of Feed Prescription</b> given to parents / carer				
<b>Copy of Supplies/equipment Prescription</b> given to parents / carer				
Follow Up Care				
<b>CNS Nutrition: Pre Discharge</b> meeting arranged (for additional advice) Date: _____ Time: _____				
<b>CNS Nutrition Post Discharge</b> follow up: (Nurse-led Clinic 2-3/12) Date: _____ Time: _____				
<b>Local PHN</b> follow- up: Name: Contact Details:				
<b>Outreach Nurse</b> follow- up: (if applicable) Name: Contact Details:				