

### Enteral Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Diagnosis/ICD-9 Code(s): \_\_\_\_\_

Formula(s): \_\_\_\_\_ or equivalent.  
(Formula Type / Rate / Volume per Day / Route)

Kcals/day: \_\_\_\_\_  No Substitutes

Water Flushes: \_\_\_\_\_  
(Volume per Flush / Number of Flushes / Hours Between Flushes)

30ml  60ml – Water flush before & after medications, before & after feedings.

#### SUPPLIES

Pump:  Stationary  Portable  Zevex  Carry Pack

Justification

- Aspiration Pneumonia  Severe Diarrhea  Dumping Syndrome  Circulatory Overload
- Esophageal Reflux  J-Tube  Severe Vomiting  Rate < 100 ml/hr
- Blood glucose fluctuations

IV Pole  Purchase Pump \_\_\_\_\_

Feeding Method:  Pump Sets 30/month  Gravity Bags 30/month  Bolus 60ml syringe 5/month

G-Tube: \_\_\_\_\_ Size / Brand 1 q 3 months

Extension Set: \_\_\_\_\_ Type / Size 5/month

NG Tube: \_\_\_\_\_ Size / Brand 2/month

- Weighted c/ Stylet  Weighted s/ Stylet  Non-weighted c/ Stylet  Non-weighted s/ Stylet

All other Supplies per Ambrosia Healthcare, Inc. protocol.

Other: \_\_\_\_\_

Fill x \_\_\_\_\_ Month(s)

Duration:  < 3 months  Indefinite  Lifetime

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Physician License Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_