**Weekly Enteral Tube Care Chart**

**Patient Name** …………………………………………………….. **Date of Birth**…………………………………….

**NHS Number**……………………………………………………… **Type of Tube**…………………………………….

Enteral tube care should be completed weekly on (please select):

Mon Tue Wed Thu Fri Sat Sun

Syringes should be changed on the same day (inpatient setting) or weekly (community setting).

All staff need to be aware of the following warning signs that need **urgent** attention:

* Pain on feeding
* Fresh bleeding
* External leakage of gastric contents

Stop feed or medication immediately and contact:

Enteral Nurse Specialist on 0845 762 3644

If an enteral tube falls out or is accidentally pulled out, replace the enteral tube if you have been trained. If not insert an EN plug and contact:

Enteral Nurse Specialist on 0845 762 3644





**Enteral Tube Care Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **PEG****Advance and Rotate** | **Button/Gastrostomy****Inflation** | **Skin Integrity Around Enteral Tube Site** | **Tube Condition** | **Signature** |
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