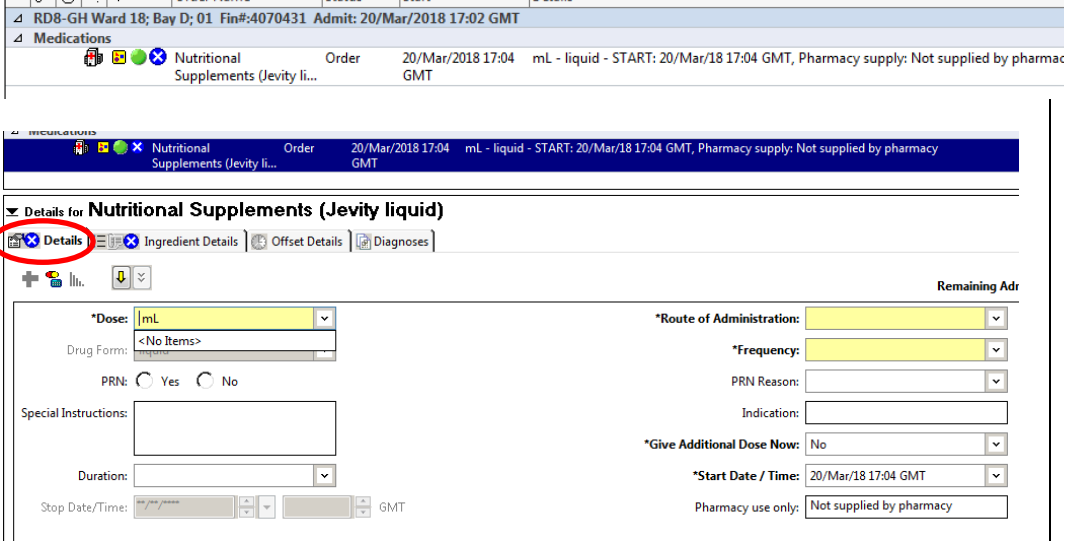
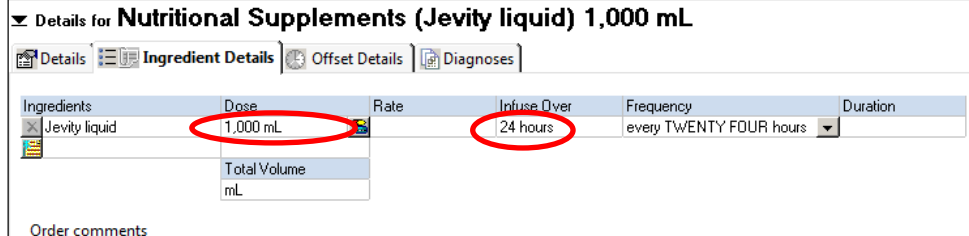

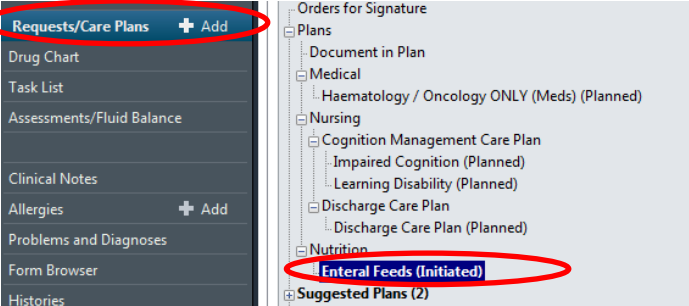


| QRG – Dietician orders – Enteral (tube) feeds |  |  |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
|---|--|--|---|---|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---------------------------------------|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|------------------------------------|---|--------------------------|-------------------------------------|---------------------------------------|---|--------------------------|-------------------------------------|---------------------------------------|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|------------------|--|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|-----------------------------------|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|--|--|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---|---|--------------------------|-------------------------------------|--|---|--------------------------|-------------------------------------|---|---|-----------|
| No.   | Action   | Responsibility   |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| 1.  | <p>From the Request / Care Plans tab in PowerChart click on +Add and type in “enteral” to find the Oral Nutritional Supplements Powerplan</p> <p>Alternatively you can search for “tube feed” which will lead you to a powerplan called “Tube Feeds”. This is exactly the same plan as the one above, but has two synonyms so can be searched with both terms.</p>   | Dietician  |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| 2.  | <p>Select the appropriate feed by ticking the box.</p> <table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Jevity liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Jevity Plus HP)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Jevity Plus liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Jevity Promote liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Jevity 1.5kcal liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Osmolite 1.5kcal)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Osmolite HP)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Osmolite liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Osmolite Plus liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (TwoCal liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Vital 1.5kcal carton)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Perative liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nepro HP)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Peptamen AF)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Peptamen HN)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Peptamen liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Bolus PEG feeds:</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (ProSource TF sachet)</td><td>DOSE: 45 mL - ROUTE: gastrostomy - sachet - once ONLY - START: T;N,</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Calogen)</td><td>DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N,</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Pro-Cal shot)</td><td>DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N,</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="2">The following are also on the Formulary and can be ordered if appropriate:</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nutrison Low Sodium liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nutrison Protein Plus liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nutrison Protein Plus Multifibre liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nutrison Soya liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Nutritional Supplements (Nutrison Soya Multifibre liquid)</td><td>mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy</td></tr> </tbody> </table> | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                 | Nutritional Supplements (Jevity liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Jevity Plus HP) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Jevity Plus liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Jevity Promote liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Jevity 1.5kcal liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Osmolite 1.5kcal) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Osmolite HP) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Osmolite liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Osmolite Plus liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (TwoCal liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Vital 1.5kcal carton) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Perative liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nepro HP) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Peptamen AF) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Peptamen HN) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Peptamen liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bolus PEG feeds: |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (ProSource TF sachet) | DOSE: 45 mL - ROUTE: gastrostomy - sachet - once ONLY - START: T;N, | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Calogen) | DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N, | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Pro-Cal shot) | DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N, | <input type="checkbox"/> | <input checked="" type="checkbox"/> | The following are also on the Formulary and can be ordered if appropriate: |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nutrison Low Sodium liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nutrison Protein Plus liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nutrison Protein Plus Multifibre liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nutrison Soya liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nutritional Supplements (Nutrison Soya Multifibre liquid) | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy | Dietician |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Jevity liquid)                                    | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Jevity Plus HP)                                   | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Jevity Plus liquid)                               | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Jevity Promote liquid)                            | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Jevity 1.5kcal liquid)                            | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Osmolite 1.5kcal)                                 | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Osmolite HP)                                      | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Osmolite liquid)                                  | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Osmolite Plus liquid)                             | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (TwoCal liquid)                                    | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Vital 1.5kcal carton)                             | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Perative liquid)                                  | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nepro HP)   | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Peptamen AF)                                      | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Peptamen HN)                                      | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Peptamen liquid)                                  | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Bolus PEG feeds:   |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (ProSource TF sachet)                              | DOSE: 45 mL - ROUTE: gastrostomy - sachet - once ONLY - START: T;N, |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Calogen)  | DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N, |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Pro-Cal shot)                                     | DOSE: 30 mL - ROUTE: gastrostomy - liquid - once ONLY - START: T;N, |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | The following are also on the Formulary and can be ordered if appropriate: |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nutrison Low Sodium liquid)                       | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nutrison Protein Plus liquid)                     | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nutrison Protein Plus Multifibre liquid)          | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nutrison Soya liquid)                             | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| <input type="checkbox"/>                      | <input checked="" type="checkbox"/>  | Nutritional Supplements (Nutrison Soya Multifibre liquid)                  | mL - liquid - START: T;N, Pharmacy supply: Not supplied by pharmacy |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |
| 3.  | <p>Click </p>  | Dietician  |   |   |   |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |                                    |   |                          |                                     |                                       |   |                          |                                     |                                       |   |                          |                                     |   |   |                          |                                     |                  |  |                          |                                     |   |   |                          |                                     |                                   |   |                          |                                     |  |   |                          |                                     |  |  |                          |                                     |  |   |                          |                                     |  |   |                          |                                     |   |   |                          |                                     |  |   |                          |                                     |   |   |           |

|           |  |                  |
|-----------|--|------------------|
| <p>4.</p> | <p>The selected order(s) will display in the Requests / Care plans tab.<br/>To review the order and complete required fields click on the order to expand the details.</p>   | <p>Dietician</p> |
| <p>5.</p> | <p>Complete all required fields in the <b>Details tab</b> (volume in mL, route and frequency).<br/><br/>Please note that if a frequency of ONCE a day is selected, this will prompt the nurses to start the administration every day at 8am in the morning.<br/>If a frequency of every TWENTYFOUR hours is selected, this will prompt the nurses to start the administration every 24hours from when the order has been signed.</p> | <p>Dietician</p> |
| <p>6.</p> | <p>In the <b>Ingredients Details tab</b> enter over how many hours the feed is to be administered, e.g. 24 hours.</p>    | <p>Dietician</p> |
| <p>7.</p> | <p>Click </p>   | <p>Dietician</p> |
| <p>8.</p> | <p>Navigate to the drug chart to ensure that the feed displays correctly.</p>  | <p>Dietician</p> |
| <p>9.</p> | <p>If you wish to go back to the Enteral Feeds Care plan for this patient to see other items in the plan that have not been ordered, navigate to the requests / Care Plans tab and select the plan</p>    | <p>Dietician</p> |

10.

Clicking on the light-bulb will expand the plan to show all items, not only the one that has been ordered.  
 This allows you to order another item off the same plan for this patient (see step 2)

Dietician

| Component                           | Details  |
|-------------------------------------|--|
| Enteral Feeds (Initiated)           | Last updated on: 20/Mar/2018 17:14 GMT by: Test, ClinPrac01                            |
| Medications                         | Nutritional Supplements (Jevity liquid)  |
| Commonly used feeds:                |  |
| <input type="checkbox"/>            | Water mL - liquid - START  |
| <input checked="" type="checkbox"/> | Nutritional Supplements (Jevity liquid) Ordered DOSE: 1,000 mL - R Not supplied by pha |
| <input type="checkbox"/>            | Nutritional Supplements (Jevity Plus HP) mL - liquid - START                           |
| <input type="checkbox"/>            | Nutritional Supplements (Jevity Plus liquid) mL - liquid - START                       |
| <input type="checkbox"/>            | Nutritional Supplements (Jevity Promote liquid) mL - liquid - START                    |
| <input type="checkbox"/>            | Nutritional Supplements (Jevity 1.5kcal liquid) mL - liquid - START                    |
| <input type="checkbox"/>            | Nutritional Supplements (Osmolite 1.5kcal) mL - liquid - START                         |
| <input type="checkbox"/>            | Nutritional Supplements (Osmolite HP) mL - liquid - START                              |
| <input type="checkbox"/>            | Nutritional Supplements (Osmolite liquid) mL - liquid - START                          |