# Daily Feeding Tube Monitoring & Care
# Flow Sheet

Name: ___________________________ Date: ________________________

*Directions: Check each item below either Yes (Y) or No (N) on each shift.*

****Report any complications (Yes answers) per agency guidelines****

| | Day | Evening | Night |
|---|---|---|---|
| **Daily Care** | | | |
| Stoma care | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Dressing change*<br>*Change dressing*<br>*1X/day 2X/day 3X/day* ***(circle one)***<br>*at*<br>______________________ ***(insert times)*** | ☐ Y<br>☐ N<br>☐ N/A | ☐ Y<br>☐ N<br>☐ N/A | ☐ Y<br>☐ N<br>☐ N/A |
| Oral care | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Tubing/syringe change*<br>*Change tubing and syringes every*<br>*24 hours 48 hours* ***(circle one)***<br>*on*<br>*Day Evening Night* ***(circle one)*** | ☐ Y<br>☐ N<br>☐ N/A | ☐ Y<br>☐ N<br>☐ N/A | ☐ Y<br>☐ N<br>☐ N/A |
| **Possible Complications** | | | |
| Nausea/vomiting | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Diarrhea | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Constipation (see bowel chart) | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Bleeding in stool | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Stomach distension (enlarged, bloated, feels hard) | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Irritation at tube site | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Tube blockage | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| Tube displacement | ☐ Y<br>☐ N | ☐ Y<br>☐ N | ☐ Y<br>☐ N |
| **Documentation** | | | |
| Caregiver Initials | | | |

*Frequency of changing may vary; please follow physician's instructions.

| Initials | Signature | Title |
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**Notes:**

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