### Clinical Nutrition Chart

The Clinical Nutrition Chart is for all enteral nutrition & structured oral nutrition support. The chart uses similar operating procedures to the National Inpatient Medication Chart (NIMC). Enteral & oral nutrition support is provided via your Clinical Dietitian.

<table>
<thead>
<tr>
<th>Date</th>
<th>Route</th>
<th>Method</th>
<th>Pump Rate</th>
<th>Dose (ml)</th>
<th>Frequency</th>
<th>Enter Times</th>
<th>Signature</th>
<th>Print Name &amp; Designation</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Reason for Nurse Not Administering**

- Absent: Code 0
- Fasting: Code 1
- On Leave: Code 2
- Self Administered: Code 3
- Vomiting: Code 4
- Withheld—Enter reason in Clinical Record

**Key for Use**

- Date: Date order was written.
- Product: Brand name in full (Jevity with Fibre, Jevity Hi Cal, Two Cal HN etc).
- Container: Ready to Hang (RTH), 237ml can, 250ml tetra etc.
- Route: NET, JEJ, PEG, Oral (PO) etc.
- Method: Syringe, pump, gravity, oral
- Pump Rate: ml/hour for feed delivery via pump.
- Dose: Volume for each dose; e.g., 50ml dose x 4 (QID frequency) or 1000ml dose.
- Frequency: OD, BD, TDS, QID, Bolus, Continuous
- Times: Enter times in adjacent vertical column
- Signature: Clinician’s signature
- Contact: Clear identification of authorising clinician. May include: Clinical Dietitian – all nutrition support, Medical Officer – NET insertion & length documentation, Speech Pathologist – thickened fluid orders

**Feed Tube Specifications**

- **Type and location**: French
- **Shaft Length**: Insertion Date

**Additional Charts**

- Fluid Balance Chart
- Nutrition Observation Chart (MR 124.0)
- Weight Chart (MR 104.0)
- BGL Chart
- Food Intake Chart

**Clinical Nutrition Chart**

ROYAL ADELAIDE HOSPITAL

Unit Record No.: _________________________________

Patient Name: ___________________________________

Contact No: _____________________________________

Date: _____________________   Time: _______________

**PATIENT LABEL**

- Unit Record No:
- Patient Name:
- Contact No:
- Date:
- Time:

**Reason for Nurse Not Administering**

Codes MUST be circled

- Absent: Code 0
- Fasting: Code 1
- On Leave: Code 2
- Self Administered: Code 3
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**Clinical Nutrition Chart**

ROYAL ADELAIDE HOSPITAL

Unit Record No.: _________________________________

Patient Name: ___________________________________

Contact No: _____________________________________

Date: _____________________   Time: _______________

**PATIENT LABEL**

- Unit Record No:
- Patient Name:
- Contact No:
- Date:
- Time:
<table>
<thead>
<tr>
<th>Date</th>
<th>Product (Print full product name)</th>
<th>Container type</th>
<th>Pump Rate</th>
<th>Dose (ml)</th>
<th>Frequency, Enter times</th>
<th>Signature</th>
<th>Print Name &amp; Designation</th>
<th>Contact</th>
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**DIETITIAN MUST ADVISE ADMINISTRATION TIMES & TRANSITION DATES**

**ADDITIONAL CHARTS**
- Fluid Balance chart
- Weight Chart
- Nutrition Observation Chart
- BGL Chart
- Food Intake Chart

**FEED TUBE SPECIFICATIONS**
- **TYPE** and location
- **SHAFT LENGTH**
- **INSERTION DATE**

**KEY FOR USE**
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**SHORT TERM ENTERAL AND ORAL NUTRITION ORDERS**

**TRANSITION FEEDING** or **DIETITIAN AUTHORISED TELEPHONE ORDERS**

**REFERENCES TO RELEVANT NURSING DOCS**
- re clearing blocked tubes
- how to measure NET length or just print generic
- how to troubleshoot aspiration
- Bed angle
- Date of PEG / NET insertion
- Type
- Room temp
- May benefit from short stay + long stay versions

**A F L N R S V W**

**DATE & MONTH YEAR**

**ML/HR**