ROYAL ADELAIDE HOSPITAL

CLINICAL NUTRITION CHART

☐ of ☐

PATIENT LABEL

Unit Record No.: ______________________________

Patient Name: ______________________________

Contact No: ______________________________

Date: ____________________ Time: ______________

DIETITIAN **MUST** ENTER ADMINISTRATION TIMES	Date & Month → / YEAR
Date / Product (Print full product name) / Container / Tick if ORAL supplement	
Route / Method / Pump Rate ml/hr / Dose (ml) / Frequency. Enter times →	
Signature / Print Name & Designation / Contact	
Date / Product (Print full product name) / Container / Tick if ORAL supplement	
Route / Method / Pump Rate ml/hr / Dose (ml) / Frequency. Enter times →	
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REASON FOR NURSE NOT ADMINISTERING Codes MUST be circled	
Absent	Ⓐ
Fasting	Ⓕ
On Leave	Ⓛ
Not available - obtain supply or Contact Dietitian	Ⓝ
Refused - Notify Dietitian	Ⓡ
Self Administered	Ⓢ
Vomiting— Notify Dietitian & Doctor	Ⓥ
Withheld— Enter reason in Clinical Record	Ⓦ

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	☐

KEY FOR USE

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.

DATE: date order was written.
PRODUCT: brand name in full (Jevity with Fibre, Jevity Hi Cal, Two Cal HN etc)
CONTAINER TYPE: Ready to Hang (RTH), 237ml can, 250ml tetra etc.
TICK IF ORAL SUPPLEMENT: clear identification of oral vs enteral.
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; ie med pass 50ml dose x 4 (QID frequency), or 1000ml dose.
FREQUENCY: OD, BD, TDS, QID, Bolus, Continuous
TIMES: Times are written in adjacent vertical column
SIGNATURE: Clinician's signature
PRINT NAME & DESIGNATION: Clear identification of authorising clinician. May include:
- Clinical Dietitian - all nutrition support
- Medical Officer - NET insertion & length documentation)
- Speech Pathologist - thickened fluid orders

CONTACT: Pager, mobile, speed dial (indicate)

SHORT TERM ENTERAL AND ORAL NUTRITION ORDERS

TRANSITION FEEDING or DIETITIAN AUTHORISED TELEPHONE ORDERS

DIETITIAN **MUST** ADVISE ADMINISTRATION TIMES & TRANSITION DATES

DATE / MONTH

YEAR

Date	Product (Print full product name)		Container type	Tick if ORAL supplement
Route	Method	Pump Rate ml/hr	Dose (ml)	Frequency. Enter times
Signature	Print Name & Designation		Contact	

Date	Product (Print full product name)		Container type	Tick if ORAL supplement
Route	Method	Pump Rate ml/hr	Dose (ml)	Frequency. Enter times
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CLINICAL NUTRITION CHART

MR96.0