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 Raleigh NC 27612
 919-845-5132 Tel
 919-870-0205 Fax



1109 Hope Mills Road
 Fayetteville, NC 28304
 910-486-8705 Tel
 910-486-0725 Fax

Patient Name: _____ DOB: _____ Case#: _____ Week Ending: _____

Date	Time	Fluid/Method Amount/ Rate	Flush Type	Flush Amount	Complications	Action Taken	G-Tube Site	Initials
		Type: Bolus or Pump Amount: Rate:			Vomiting Clogged Tube Dislodged Tube None	Stopped Feed Clamped Tube Notified Caregiver Notified RN Supervisor Completed Feed	Clean Intact Redness Drainage Swelling	
		Type: Bolus or Pump Amount: Rate:			Vomiting Clogged Tube Dislodged Tube None	Stopped Feed Clamped Tube Notified Caregiver Notified RN Supervisor Completed Feed	Clean Intact Redness Drainage Swelling	
		Type: Bolus or Pump Amount: Rate:			Vomiting Clogged Tube Dislodged Tube None	Stopped Feed Clamped Tube Notified Caregiver Notified RN Supervisor Completed Feed	Clean Intact Redness Drainage Swelling	
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Aide Name: _____ Aide Signature: _____ RN Signature: _____