



SAMPLE FEEDING SCHEDULE GRAVITY

NUTRITIONAL GOAL: _____ cans of _____ per day
and _____ cups (_____ oz) of WATER per day.

STEP 1: Flush the feeding tube with _____ cc (ml) of water using the syringe.

STEP 2: Add formula* to the feeding bag, prime the tubing, connect the red adaptor to your feeding tube and allow the formula to flow as tolerated until the bag empties.

*Add: _____ can(s) for _____ of the feedings
and
_____ can(s) for _____ of the feedings

STEP 3: Add _____ cup(s) of water to the feeding bag and allow to flow as tolerated. Disconnect the bag from your feeding tube. If you are too full to administer the additional water at this time, it may be given 1-2 hours after the feeding. If you are able to take liquids by mouth, the water can be drank rather than put through the feeding tube.

STEP 4: Flush the feeding tube with _____ cc (ml) of water using the syringe.

Repeat this process _____ times per day for a total of _____ cans of formula
and _____ cups (_____ oz) of water in 24 hours.

Feedings should be spaced 3-4 hours apart. Choose the times that best meet your schedule. Gravity feedings are not given during the night while sleeping.

Prepared for: _____ Date: _____

HomeMed Clinician: _____

HomeMed Phone # 800-862-2731 ext: _____