Hospital/Site Name:……..

Bolus Feeding Data Collection Form

1. Patient ID:………………….. Age:………(y) …………… (months) Gender: M / F

Weight (kg):.................................... Height (m):................................... BMI:...............................

2. Primary Diagnosis (please use the code list attached to the guidance document and put the relevant number in the box):

☐

If code 23 (other) please give details...

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3. Reason for tube feeding (i.e difficulty swallowing):...

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4. Please state which category best describes the patient's residential status (tick one box only):

Own/family home ☐ Sheltered ☐ Residential Home ☐ Nursing Home ☐

Other (please specify)…………………………………………………………………

5. Please state which category best describes the patient's current working status (tick one box only):

Working full-time ☐
Working part-time ☐
Retired ☐
Not working ☐

Other (please state)…………………………………………………………………...

6. Please state which category best describes the patient's activity level (tick one box only):

Bed rest, chair or bed bound ☐
Very sedentary, mostly seated, little or no strenuous leisure activity ☐
Seated work, with requirement to move around but little strenuous exercise ☐
Standing work/light exercise ☐
Moderate work/moderate exercise ☐
Strenuous work or highly active leisure ☐

Comments:………

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7. Date first started tube feeding (DD/MM/YY):…………………………………………………………………………

8. Date first started <u>bolus</u> feeding (DD/MM/YY):……………………………………………………………………

9. Please state which category would best describe the reason for choosing a bolus regimen for this patient (please tick all that apply):

For use as a 'top up' to the oral diet ☐
To mimic meal times ☐
Patient has an active lifestyle/working ☐
Patient wants to be more active/mobile ☐
Risk of aspiration if continuously fed ☐
For school ☐
Easy to use ☐
Quick to use ☐
Patient can't tolerate overnight continuous feeding ☐
Distressed in the night if continuously fed ☐
Unable to use the pump competently ☐
GI tolerance ☐
Nutritional requirements are met better (volume is tolerated) ☐

Please provide comments on your above choices or other reasons:………………………………………………

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10. Select the most appropriate option to describe how the decision to bolus feed was made:

HCP led ☐
Patient led ☐
Carer led ☐
Mutual decision ☐
Other ☐

Please explain:………………………………………………………………………… …………………………...

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11. Is the patient bolus feeding long term or short term:

Long term (>3 months) ☐
Short term (<3 months) ☐

Please explain why:………………………………………………………………………………………………

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12. Type of tube:

NG ☐
NJ ☐
PEG ☐
PEJ ☐
RIG ☐
Other: …………………………………………………………………………………

13. Size of feeding tube (gauge):……………………………………………………………….

14. Main feeding method (please tick one):

Continuous pump ☐
Pump and bolus ☐
Pump and oral ☐
Bolus only ☐
Bolus and oral ☐

Other (please state)…………………………………………………………………………...

15. Main method of bolus feeding:

Bolus with pump ☐ Bolus with syringe ☐ Bolus Gravity feeding ☐

Combination (please provide details)……………………………………………………………………………

16. Current bolus **feeding equipment** regimen:

Name of bolus feeding equipment	Date feeding equipment started	Frequency of use (e.g 1 daily, continuous)

What were the reasons for choosing this/these feeding equipment?

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17. Current **feed** regimen:

Current feed	Date feed started (DD/MM/YY)	Feeding method: Continuous (please tick if applies)	Feeding method: Bolus (please tick if applies)	Quantity given (ml/hr)	Time of Delivery (e.g overnight, meal times)

What were the reasons for choosing this/these feed(s)? …………………………………………………………...

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18. Please tick which category best describes the **ease of use** of a bolus feeding regimen for this patient:

Feed:

Very easy ☐
Moderately easy ☐
Moderately difficult ☐
Very difficult ☐
Unable to comment ☐

Please explain:………………………………………………

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Bolus feeding equipment:

Very easy ☐
Moderately easy ☐
Moderately difficult ☐
Very difficult ☐
Unable to comment ☐

Please explain:………………………………………………

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19. Please provide any further relevant information or comments here:

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Thankyou for taking the time to fill in this data collection form.