Equipment

Type of device (please tick):

- Low profile device
- Gastrostomy tube
- Jejunostomy tube
- Nasojejunal tube
- Nasogastric tube
- Other: _______________________

Date of insertion: ____/____/____

Date of recommended tube replacement: ____/____/____ OR ☐ Not Applicable

Tube Size: ____________________________

Brand/product code: ____________________________

Hospital where inserted: ____________________________

Health professional who inserted tube: ____________________________

Telephone details: ____________________________

Record of Tube replacements:

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<tr>
<th>Date</th>
<th>Tube Size</th>
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Handy Hints (consult with your nutrition support health professional if you notice the following)

- Tube is looking old
- Cap is loose
- Leakage from tube
- Tube discolouration
- Changes in flow

Reorder Code 10108300 Home Enteral Feeding – Equipment Form