

ENTERAL FEEDING SCREEN

Name: _____ Date: _____

Address: _____ Assessor/Title: _____

Mission Statement: Evaluate and mitigate the risk of reflux from enteral feeding.

Question:	Yes	No	Code
1. Individual diagnosed of GERD?			
2. Individual has esophageal stricture?			
3. Individual ruminates?			
4. Individual is NPO?			
5. Individual diagnosed with esophagitis?			
6. Individual has a prior diagnosis of aspiration pneumonia?			
7. Individual diagnosed with pneumonia two or more times in the last year?			
8. Individual is greater than 50 years old?			
9. Individual has an impaired level of consciousness?			
10. Individual had a stroke?			
11. Individual has a seizure disorder?			
12. Individual has poor oral hygiene?			
13. Individual takes medications that decrease LES pressures? (Theophylline, Nitrates, Anticholinergic agents, Calcium channel blockers, Alpha-adrenergic antagonists, Diazepam)			
14. Individual has residual of >200cc at least once daily?			
15. Individual is diabetic?			
16. Individual had skin breakdown in the last year?			
17. Individual had a weight change of plus or minus 5% in 1 month?			
18. Individual has albumin less than 3.0?			
19. Individual has pulled out their feeding tube in the last year?			

Code (information from):

1	IPP
2	Medication Administration Plan
3	Current Assessment (within the last year)
4	Nursing Care Plan
5	PNM Plan
6	Other (please write in)