



HOME ENTERAL NUTRITION (EN) ORDER FORM

Fax: 866.491.5888 | Toll-Free Phone: 1.833.824.1400

Rx Order: Paragon Healthcare to provide Home Enteral Nutrition EN Therapy (Tube Feeding)

Date:

PATIENT INFORMATION			FEEDING TUBE
Name:			<input type="checkbox"/> NG
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	<input type="checkbox"/> PEG / G-tube
Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kg	Height:		<input type="checkbox"/> J-tube
Patient's PCP:			<input type="checkbox"/> GJ Tube

DOCUMENTATION REQUIRED

Patient is **ABLE** **UNABLE** to take foods and liquids by mouth safely and adequately
 Condition that prevents oral intake or absorption/indication for EN therapy:

NOTE: Must provide clinical documentation to support patient's condition. May include, but not limited to: H&P, RD notes, diagnostic report, swallow study, etc.

Length of Need Statement (LON)

MUST be included in a progress note and signed by the physician

Example of LON: "Due to pt's [condition] tube feeding will be needed (insert amount of time here)."

Note: Medicare does recognize time frames such as "lifetime" as appropriate.

Disclaimer - failure to receive appropriate documentation may delay start of therapy and delivery

EN MANAGEMENT - Dietitian Consult (check the box)

Checking the box allows the Paragon Registered Dietitian (RD) to conduct a comprehensive nutrition assessment, provide evidence-based, initial EN orders and ongoing adjustments to the enteral plan of care for your patient while admitted to our service. The treating practitioner will subsequently receive faxed orders as notification of any changes, and as appropriate, will require signature.

HOME HEALTH - *In most cases, home health will complete tube feeding instruction*

Does patient have home health set up? Yes No If yes, indicate home health agency:

Does Paragon need to arrange home health? Yes No

LAB ORDERS - *Not required for all referrals*

Home health to draw labs No labs needed monthly CBC CMP Other: CRP and Prealbumin

Paragon Dietitian to review labs Yes No

Other orders:

DO NOT COMPLETE THE BELOW SECTION IF DIETITIAN CONSULT HAS BEEN ORDERED

Enteral Formula:	Formula substitutions allowed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Enteral Bolus Order	Enteral Gravity Order	Enteral Pump Order
Cans per feeding: _____	Cans per feeding: _____	Rate: _____ mL/hour
Feedings per day: _____	Feedings per day: _____	for _____ hours/day
Total cans per day: _____	Total cans per day: _____	Water flushes to total: _____ mL/day
Water flushes to total: _____ mL/day	Water flushes to total: _____ mL/day	

Modular: _____ Dose/Instruction: _____

TREATING PRACTITIONER INFORMATION (i.e. Physician, NP or PA)

Contact Person:	Phone:	Fax:
Treating Practitioner Printed Name:		
Treating Practitioner Signature:		