Memorial Hermann Health System
Pediatric-Infant Tubefeeding Order

Order Date: _____ Time: _____ (military time)

Type of Feeding

Pediatric formulas (These formulas come in standard caloric concentrations)	**Infant formulas** (Select formula, then caloric concentration below)
☐ Alfamino Jr 30 cal	☐ Alfamino Infant
☐ Compleat Pediatric (RTF can) 30 cal	☐ Elecare Infant
☐ Compleat Pediatric Reduced Cal 18 cal/oz	☐ Enfamil AR
☐ Elecare Jr 30 cal	☐ Enfamil Enfacare
☐ Enfalyte	☐ Enfamil Enfaport
☐ Kate Farms Pediatric 1.2	☐ Enfamil Gentlease
☐ Kate Farms Pediatric Peptide 1.5	☐ Enfamil NeuroPro Infant
☐ Neocate Splash Grape	☐ Enfamil Nutramigen
☐ Neocate Splash Unflavored	☐ Enfamil Pregestimil
☐ Pedialyte	☐ Enfamil Premature
☐ Pediasure 1.0	☐ Enfamil Premature HP
☐ Pediasure 1.5	☐ Enfamil Puramino Infant
☐ Peptamen Jr HP	☐ Fortini
☐ Peptide 1.0 (Peptamen Jr)	☐ Similac PM 60/40
☐ Peptide Hi cal 1.5 (Peptamen Jr 1.5)	☐ Similac Soy Isomil
☐ Portagen	☐ Similac Total Comfort
☐ Puramino Jr 30 cal	☐ Expressed Breast Milk ☐ Donor Breast Milk
☐ Standard Fiber (Pediasure Enteral Fiber)	☐ Fortified Breast Milk **(Specify additives in order comments)**
☐ Suplena	**Caloric Concentration**
☐ Vivonex Pediatric 30 cal	☐ 20 cal ☐ 22 cal ☐ 24 cal ☐ 27 cal ☐ 30 cal

Specialty Formula:

Additives: ☐ Duocal ☐ Corn Oil ☐ Beneprotein ☐ Liquid Protein ☐ Liquigen	**Additive Frequency:** ☐ BID ☐ TID ☐ QID ☐____ g/mL ☐_____ mL/mL

Order comments/fortification instructions:

Feeding Volume:	**Feeding Frequency:**

Route: ☐ NG ☐ OG ☐ NJ ☐ ND ☐ G-tube ☐ J-tube ☐ PO/Bottle Feeding

_____	_____	_____	_____	_____ ☐ AM ☐ PM	_____
Provider Signature	**Print Name**	**NPI/MHHS ID.**	**Date**	**Time**	**Contact No.**

MEMORIAL HERMANN

Pediatric-Infant Tubefeeding Order

Patient Name: _____

Medical Record #: _____

Date of Birth: _____