

## INSTRUCTIONS: FEEDING TUBES/NUTRITION WORKSHEET

These are your decisions on life sustaining treatments that you may want your patient advocate and health care team to know. Certain treatments often provide excellent results in healthy patients. However, in patients with certain chronic conditions or terminal illnesses these treatments may be unhelpful or even harmful. The purpose of this document is to help you decide, based on your condition and your values, how you feel about receiving this treatment.

*Feeding tubes are sometimes used when you are unable to adequately or safely receive nutrition and medications by mouth. A feeding tube for short term use is an N-G tube. An N-G tube is passed through the nose and into the stomach. A feeding tube for long term use is called a PEG or G tube. A PEG tube is placed directly through the skin and into the stomach or bowel by your physician or health care team member. Tube feeding is helpful when you might be able to regain your ability to eat. Tube feeding may be tried on a trial basis. At times, a feeding tube is not recommended when the body is declining as tube feeding may cause discomfort because the body can no longer tolerate or digest food.*

**SELECT ONE:**

- I want tube feeding attempted.**
- I want tube feeding attempted** unless my doctor(s) determines any of the following:
  - I have an incurable illness or injury and I'm dying.
  - I have no reasonable chance of surviving without nutrition.
  - I have little chance of surviving long term with nutrition and the process of providing me nutrition would cause me significant pain and suffering.
- I do not want tube feeding attempted**, instead I wish to allow a natural death.

There may be times when tube feeding is not medically indicated, not helpful or even harmful. If my attending physician or other health care team members caring for me believes that, in keeping with sound medical practice, tube feeding will be either non-beneficial or otherwise harmful, it will not be offered. In such circumstances my patient advocate will be notified of this decision. I want my caregivers and my patient advocate to follow these instructions when medically appropriate.

My comments:

My comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT NAME** (please print): \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- If you can no longer tolerate eating or tube feeding, there are other ways you can be nurtured and comforted. This can include ice chips, small sips of water and wetting of the lips and mouth.
- Comfort measures may also include small bites of food as tolerated.
- Restraints may be required for those who do receive tube feedings and try to pull the tubes out.