

(Enteral) Tube Weaning Clinic
 Paediatric Consultation Clinic, Hospital for Sick Children

Date:

Patient Name & MRN:

Date of Birth

| Time | Oral Intake | Tube Intake |
|-------------|---|--|
| | Liquid Drank: Liquid Volume: How taken (bottle vs cup): Solid Taken: Solid Volume: How Taken (fed vs self-fed) | Formula Taken: Fortification: Volume: Rate: Flush: |
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How long does it take for your child to take their oral nutrition:

Number of wet diapers/24hrs:

Concerns with stooling (hard stools, blood, other worries):

Vomiting/Reflux symptoms:

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