

**PEDS Gastrostomy Tube Consult Checklist**

**HPI**

@NAME@ is a @AGE@ @SEX@ who requires long term feeding access. Relevant past medical history includes \*\*\*.

Upper GI should be obtained **in more medically complex children** (to evaluate for hiatal hernia or intestinal malrotation). For patients tolerating bolus NG feeds, most will not require and UGI study. Some patients may require further imaging based on surgical attending recommendation.

**1. Why does the child need a G tube?**

<b>Feeding Difficulties</b>	<input type="checkbox"/>	
<b>Oral Aversion</b>	<input type="checkbox"/>	Percent of feeds taken orally:      %
		Is this improving?
<b>Failure to Thrive</b>	<input type="checkbox"/>	
<b>Medications</b>	<input type="checkbox"/>	
<b>Hydration</b>	<input type="checkbox"/>	
<b>Other - Please Specify</b>		

2. Ideally, the child's guardians should agree to G tube insertion before consultation.  
 Do the patient's guardians consent to G tube placement? {yes no:315493::"Yes"}  
 Are there any social barriers for care of the child after G tube placement? If yes, please explain in comment. {yes no:16019492::"No"}

**3. What other medical comorbidities might influence an operation? *Select all that apply.***

<b>Congenital Heart Disease</b>	<input type="checkbox"/>	
<b>Chronic Lung Disease</b>	<input type="checkbox"/>	
<b>Indwelling VP Shunt or Pacemaker</b>	<input type="checkbox"/>	
<b>Other - Please Specify</b>		

4. How does the child currently feed?  
 Via: {PEDS SURG GTUBE CHKLIST CURR FEED:21015705::"NGT"}  
 Feeding regimen: {PEDS SURG GTUBE CHKLIST FEED REG:21015706::"Intermittent"}

5. Post-op feeding/nutrition plan: *(Consider consulting dietician pre-operatively)*
- a. Goal feedings: \*\*\*
  - b. If there are any special considerations when determining an initial post-op titration plan, please explain: {NA:32542::"n/a"}
  - c. Who will manage feedings after discharge? (Primary service to make necessary referral) {PEDS SURG GTUBE CHKLIST PLAN MNG:21015704}