RODWELL HOUSE

PEG CHART

Resident's Name: ……

Room No: ……

Date: ……

24 Hour Target: ……

Type of Feed: ……

Time of Feed: ……

Rate of Administration: ……

Bolus or Pump? ……

Time of Peg Site Care	
Peg Site Cleaned? (Yes/No)	
Peg Pump Cleaned? (Yes/No)	
Rotated? (Yes/No)	
Stoma Site Comment (Is site clean/inflamed/purulent?)	
Signature	

Time	Position of Resident	Type of Fluid	Volume of Fluid	Running Total	Signature
hh:mm	*45° upright tilt*	*eg. Nutrison/H20 flush etc.*	*eg. 30ml + 100ml bolus*	*130ml*	*Joe Bloggs RN*
			Total		

Ensure the total is calculated at midnight and entered into Residata.