

Patient Education



Tube Feeding Progression Schedule

(ml = milliliter/s)

	Day of Procedure:		Day 2:		Day 3:		Day 4:	
Feeding #1	<ul style="list-style-type: none"> • 30 ml water • ½ can formula • ____ ml water 	Take over 75-90 min	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour
Feeding #2	<ul style="list-style-type: none"> • ____ ml water • ½ can formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour
Feeding #3	<ul style="list-style-type: none"> • ____ ml water • 1 can formula • ____ ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour
Feeding #4			<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour	<ul style="list-style-type: none"> • ____ml water • ____can(s) formula • ____ml water 	Take over 1 hour
Extra Fluid	Take an extra ____ cup(s)/____ml of water throughout the day. <input type="checkbox"/> Flush <input type="checkbox"/> Drink		Take an extra ____ cup(s)/____ml of water throughout the day. <input type="checkbox"/> Flush <input type="checkbox"/> Drink		Take an extra ____ cup(s)/____ml of water throughout the day. <input type="checkbox"/> Flush <input type="checkbox"/> Drink		Take an extra ____ cup(s)/____ml of water throughout the day. <input type="checkbox"/> Flush <input type="checkbox"/> Drink	
Goals for Gravity Tube Feeding	Tube feeding will provide: ____calories to maintain weight/gain weight ____grams of protein ____cups/ml of fluid				Your total daily fluid requirement includes: ____cans of____formula and ____ml of water flushes (____ml before/____ml after) ____cups/____ml additional water (by mouth or flushes with medicines, etc.)			

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Patient Education Office

Reviewed 3/2020