



National Pediatric Cardiology
Quality Improvement Collaborative

Post Tube Weaning Survey for Clinicians

Please complete this survey evaluating the tube weaning bundle and your experience.

1. What is your role in the team?
 - a. Physician
 - b. Nurse Practitioner
 - c. Physician's Assistant
 - d. Dietitian
 - e. SLP / OT / PT
 - f. Other
2. Did you clearly understand your role in the tube weaning process?
Yes No
3. Did you feel the tube weaning bundle provided appropriate resources to support your role in the tube weaning process?
Yes No
4. Did you feel your fears were adequately addressed prior to starting your first wean?
Yes No
5. Did you clearly understand the preparation process for tube weaning and hunger induction prior to starting your first wean?
Yes No
6. Did you collect data in real time?
Yes No
- If yes, how?
 - a. Worksheet
 - b. Excel spreadsheet
 - c. Your own
 - d. Nothing
7. What was the most useful resource for you and your experience?

8. What additional educational resources provided by the tube weaning bundle would have been helpful for the weaning process?
