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| Ready to Wean DomainsPatient Name:DOB:Pertinent Medical Concerns (if any):*
*

Structured Tube Weaning |
|  | Cardiorespiratory* Minimal or no residual symptomatic heart failure
* Stable heart rhythm
* Back to baseline after most recent intervention
* Minimal tachypnea/WOB
 |  | Feeding* Feeding therapist assessment of safe swallow
* Pre-wean behavioral interventions in place
* Parent education completed
 |  | Growth* No more than mild malnutrition at baseline
* Stable growth trajectory on current feeding regimen
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## Baseline (Date: \_\_/\_\_/\_\_)

**HELPFUL HINTS:**

* Make sure team members (including caregivers) are comfortable with the pre-work on positive feeding associations and behavioral interventions. *Preparation is the key to success!*
* A structured decrease in tube feedings should increase interest in oral intake. Typically wean volume/calories by 20-35% from baseline at each stage of intervention (takes 4 or 5 steps)
* Advance wean every 3-7 days to allow development of hunger/thirst
* It may take several weeks to regain a positive growth trajectory\*. We typically monitor for 1 month post last tube use to document weight gain
* Make a plan ahead of time for how and when to transition medications to PO

## Baseline Weight: \_\_\_\_\_kg (weight z-score: \_\_\_\_\_)

Baseline Length: \_\_\_\_\_kg (length z-score: \_\_\_\_\_)

Baseline Weight-for-length: \_\_\_\_ (wt-for-length z-score: \_\_\_\_\_)

* Baseline tube feeding regimen:
* Volume & Frequency:
* Route:
* Caloric Density:

## PO intake (including solids):

## Intervention 1 (Date: \_\_/\_\_/\_\_). % volume wean from baseline: \_\_\_\_\_\_\_\_

* Most recent weight (if available): \_\_\_\_kg (Date: \_\_\_/\_\_\_/\_\_\_)
* Tube feeding regimen:
* Volume & Frequency:
* Route:
* Caloric Density:

## PO intake (including solids):

## Intervention 2 (Date: \_\_/\_\_/\_\_). % volume wean from baseline: \_\_\_\_\_\_\_\_\_

* Tube feeding regimen:

**RED FLAGS DURING THE WEAN:**

*Should trigger additional evaluation by the medical*

*team*

* > 10% weight loss

- Max allowable wt loss: \_\_\_\_%

- Min allowed weight =\_\_\_\_kg

* Clinical signs of dehydration
* New vomiting/diarrhea or a significant decrease in wet diapers
* Coughing/choking/gagging with feeds or increased congestion not related to a viral infection
* Unusual fatigue or lethargy
* Volume & Frequency:
* Route:
* Caloric Density:

## PO intake (including solids):

## Intervention 3 (Date: \_\_/\_\_/\_\_). % volume wean from baseline: \_\_\_\_\_\_\_\_\_

* Tube feeding regimen:
* Volume & Frequency:
* Route:
* Caloric Density:

## PO intake (including solids):

## Intervention 4 (Date: \_\_/\_\_/\_\_). % volume wean from baseline: \_\_\_\_\_\_\_\_\_

* Tube feeding regimen:
* Volume & Frequency:
* Route:
* Caloric Density:

## PO intake (including solids):

## Intervention 5 (Date: \_\_/\_\_/\_\_). % volume wean from baseline: \_\_\_\_\_\_

* Tube feeding regimen:
* Volume & Frequency:
* Route:
* Caloric Density:

## Post Wean Observation Period (Date of last tube feed: \_\_/\_\_/\_\_).

## Lowest documented weight during intervention period: \_\_\_\_\_kg (Date: \_\_\_/\_\_\_/\_\_\_)

## Weight at end of intervention period: \_\_\_\_\_kg (z-score: \_\_\_\_\_)

## Length at end of intervention period (if available): \_\_\_\_\_cm (z-score: \_\_\_\_\_),

## Weight-for-length at end of intervention period: \_\_\_\_\_ (z-score: \_\_\_\_\_)

## Weight at 1 week post last tube use: \_\_\_\_\_kg (z-score: \_\_\_\_\_)

## Weight at 1 month post last tube use: \_\_\_\_\_cm (z-score: \_\_\_\_\_),

## Weight-for-length at end of intervention period: \_\_\_\_\_ (z-score: \_\_\_\_\_)

NOTES:

## Graduation Period (1 month post last tube feed\*)

## \*Patients should be considered to have graduated at 1 month post last tube feed IF they are demonstrating weight gainWeight at 1 month post last tube use: \_\_\_\_\_kg (percentile: \_\_\_\_\_%)

## Length at 1 month post last tube use: \_\_\_\_\_kg (percentile: \_\_\_\_\_%)

## Weight-for-length at 1 month post last tube use: \_\_\_\_\_% (percentile: \_\_\_\_\_%)

NOTES:

**CLINICAL EVENTS (Check all that apply):**

* Readmit (date: \_\_ /\_\_ /\_\_)

*Reason for readmission:*

* + Dehydration/Electrolyte abnormalities
	+ Cardiac decompensation
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Excessive weight loss (date: \_\_ /\_\_ /\_\_)
* Constipation

(date: \_\_ /\_\_ /\_\_)

* Aspiration

(date: \_\_ /\_\_ /\_\_)

* Arrhythmia

(date: \_\_ /\_\_ /\_\_)

* Electrolyte abnormalities

(date: \_\_ /\_\_ /\_\_)

* Failure to complete wean (date: \_\_ /\_\_ /\_\_)