Daily Tube Care Tracker

Name: _____

Date: _____

Feeding Log

TIME	FEEDING AMOUNT (mL/oz)	FLUSH (mL)	HYDRATION (mL/oz)	NOTES

Medications - (as directed by your medical team)

TIME	MEDICATION	DOSE	NOTES

Site Care

□ Cleaning completed

Observations

□ Redness
□ Irritation
□ Leakage
□ Swelling
□ Pain or discomfort

Notes

_____

_____

Caregiver Initials: _____

Weekly Tube Care Overview

Day	Completed (✓)	Notes
Mon.	□	
Tues.	□	
Wed.	□	
Thurs.	□	
Fri.	□	
Sat.	□	
Sun.	□	

Questions for Provider

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