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	Effective Date:	08-15-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 3
	Department/Section:	Dietary Department
	Document Title:	<b>TUBE FEEDING LABEL</b>

**PURPOSE:**

1. To properly identify the patient's tube feeding.
2. To ensure that the Attending Physician's diet order is followed.

**SCOPE:**

Applies to all Dietary Department Staffs


**RESPONSIBLE PERSON:**

Dietitians and Food Service Worker



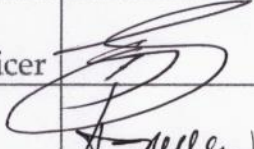

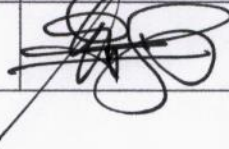
**GENERAL GUIDELINES:**

1. All tube feeding bottles shall be properly labeled.
2. The patient's name, room number, date, calories and volume, time of preparation and kind of diet shall be indicated in the label.
3. All labels shall be replaced when there are changes.


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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MA. PAMELA GARILAO</b> Dietary Manager		8.3.21
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor		08-04-2021
Recommending Approval:	<b>NOEL P. GARBO</b> Corporate Strategic Support Division Officer		8-11-2021
	<b>HENRY F. ALAVAREN, MD, FPSMID</b> Total Quality Division Officer		8/27/2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		10/23/2021

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### **PROCEDURE:**

1. The Dietitian updates the patient's diet from the computer generated list per stations.
2. The Food Service Worker writes the patient's name, room number, date, calories and volume, time of preparation and kind of diet in the label.
3. The Food Service Worker attaches the tube feeding label on the bottle.

### **REFERENCE:**

<sup>1</sup>*What is Tube Feeding? - Tube Feeding.* (n.d.). Wwww.Tube-Feeding.Com. <http://www.tube-feeding.com/What-is-Tube-Feeding/>

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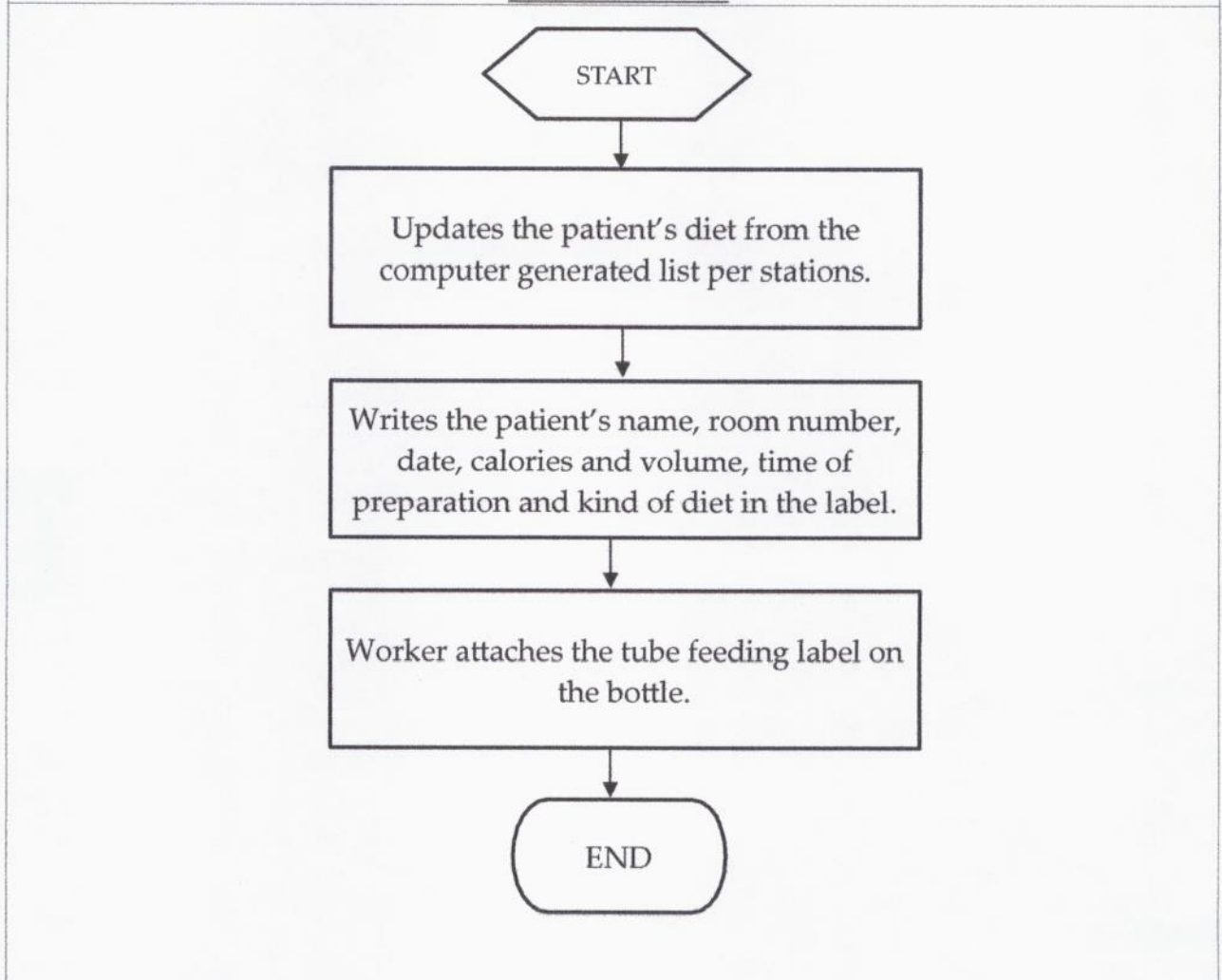


DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

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Document Code:	DPOTMH-F-79-P01-S09-FC09
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**FLOWCHART:**



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	Document Type:	Flowchart
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	Department/Section:	Dietary
	Document Title:	TUBE FEEDING LABEL

**APPROVAL:**


	Name/Title	Signature	Date
Prepared by:	<b>MA. PAMELA GARILAO</b> Dietary Manager	<i>Ma. Pamela Garilao</i>	8-2-21
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor	<i>[Signature]</i>	08-03-2021
Recommending Approval:	<b>NOEL P. GARBO</b> Corporate Strategic Support Division Officer	<i>[Signature]</i>	8/24/2021
	<b>HENRY F. ALAVAREN, MD, FPSMID</b> Total Quality Division Officer	<i>[Signature]</i>	8/27/2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO	<i>[Signature]</i>	10/23/2021

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KEY TASKS	PERSON RESPONSIBLE
1. Updates the patient's diet from the computer generated list per stations	Dietitian
2. Writes the patient's name, room number, date, calories and volume, time of preparation and kind of diet in the label	Food Service Worker
3. Attaches the tube feeding label on the bottle	Food Service Worker

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	Page Number:	2 of 2
	Department/Section:	Dietary Department
	Document Title:	<b>TUBE FEEDING LABEL</b>

**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MA. PAMELA GARILAO</b> Dietary Manager	<i>Ma. Pamela Garilao</i>	9/7/21
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor	<i>[Signature]</i>	09/03/2021
Recommending Approval:	<b>NOEL P. GARBO</b> Corporate Strategic Support Division Officer	<i>[Signature]</i>	9/16/2021
	<b>HENRY F. ALAVAREN, MD, FPSMID</b> Total Quality Division Officer	<i>[Signature]</i>	9/17/2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO	<i>[Signature]</i>	10/23/2021

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