

Supplemental Information

Patient label

: Data Collection Sheet:

Postpyloric feeding tube Project

Date:

Location: PICU/ PCCU/ IMC/ Floor

Patient No.:

1) Initial patient or Repeat patient?

2) Number of attempts before confirmed successful placement:

3) Number of X-rays done for each placement:

4) Successful placement?

5) Type of stylet Used:

6) Time in minutes from Start to End:

7) Time feeding started:

8) Time in minutes from Start to feed initiation:

9) Number of persons attempted the placement:

10) Does child have internal cardiac pacemaker or defibrillator or pacing wires (internal/ external)?

	Date	Time	
Start Time*			
End Time*			
Time of X-ray confirmation			

Age	
Gender	
Weight	
Race	

Reason for Adm.	
PRISM Score	
Time to Full Feeds	
Days (Mech vent)	
Days (ICU stay)	
Days (Hospital Stay)	

Comment:

SUPPLEMENTAL FIGURE 4
Data collection tool. Adm, admission; CEAS, CORTAK* 2 Enteral Access System; IMC, intermediate care unit; Mech vent, mechanical ventilation; PCCU, pediatric cardiac care unit.