

SAFE FEEDING ASSESSMENT TOOL FOR INFANTS ON PROSTIN

Full Name:
 Address:
 Addressograph
 HCR:.....

Date of Assessment

	<i>Please tick</i>	
	Higher Risk	Lower Risk
	Yes	No
Is this infant preterm (<37 weeks gestation)		
Is this infant <2.5kg?		
Has this infant had an episode of low perfusion / shock?		
Does this infant have Hypoplastic Left Heart Variant or Truncus Arteriosus?		



****If the answer is No to ALL of the above****

This infant **CAN** start feeding on demand as normal (Breastfeeding / bottle-feeding)

Tick if YES infant can feed

Consultant to tick

If infant cannot be fed.
 Orally low volume nasogastric feeds should be worked up slowly
as per consultant only

****If the answer is YES to ANY of the above****

This infant should **NOT** be fed orally or enterally.

Start Parenteral Nutrition (PN).

When infant is haemodynamically stable, the Cardiology Consultant on call may consider trophic breastmilk feeds (12-24m/kg/day, maximum volume)

Tick for PN and NO feeds

Tick for PN plus Tropic Feeds

Comment Box (*Opt out reason or specific instructions related to feeding*)

Consultant on Call: *Please print*

Consultants Signature: _____ **IMC:** _____