



Decanted Expressed Breast Milk (EBM) Checklist & Signature Sheet

Full Name:

Address:

HCR..... *Addressograph*

DOB: __ / __ / ____

1. Decant milk into syringes for enteral feeds at beginning of shift (day/ night) for the duration of shift where possible
 2. Decanting once per shift minimises the risk of contamination as less people are handling the EBM
 3. Please label each syringe with a decanted EBM label and store in the patient's individual milk tray in the fridge
 4. Two people* must perform EBM safety checks
 5. If fortified, please have the patient's dietician sheet at decanting station to compare with
Remember breast milk can only be hung by a patient's bedside for a max of 4 hours. (HSE,2022)
- *Milk safety checks can be performed by the following:
- a) First checker must be a registered nurse
 - b) Second checker can be a parent, registered nurse, student nurse (Intern or PRCNS) or health & social care professional

⚠ Checks Required ⚠

- Baby's name
- HcRN
- Date of birth
- Date & time milk expressed
- Date & time if milk decanted / defrosted
- ID band at bedside

Date	Time	Mls decanted for 12hrs	1 st Checker			2 nd Checker		
			Nurses Signature	Nurses Grade	NMBI	Signature	Grade/ Title	NMBI/ Corú/ Medical No



Decanted Expressed Breast Milk (EBM) Checklist & Signature Sheet

Full Name:

Address:
Addressograph

HCR.....

DOB: __ / __ / ____

Date	Time	Mls decanted for 12hrs	1 st Checker			2 nd Checker		
			Nurses Signature	Nurses Grade	NMBI	Signature	Grade/ Title	NMBI/ Corú/ Medical No