DOME HOME CARE
Dependable Oxygen & Medical Equipment

Enteral Nutrition Order Checklist

Covers feeding pumps, tubes (G/J/NG/NJ), bags, and formula. Please provide the following documentation:

- Patient demographic information
- Face-to-face chart notes documenting permanent (≥ 3 months) inability to take adequate nutrition orally due to functional or structural impairment (e.g., dysphagia, head/neck cancer, neurologic disorder)
- Calorie / fluid / nutrient requirements and expected daily caloric intake and route
- Reason a feeding pump (vs. gravity / bolus) is required, if pump is ordered — e.g., reflux, aspiration risk, jejunal feeding, dumping syndrome
- Enteral Standard Written Order (SWO) required elements:
  - Patient name
  - Order date
  - Tube type and size (NG / NJ / G-tube / J-tube)
  - Pump model, feeding bags
  - Formula brand & daily volume
  - Irrigation and other supplies
  - Treating practitioner name or NPI & signature
  - SWO date must be on or prior to delivery date and on file prior to billing

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