

## Outpatient Enteral Tube Insertion Referral Form

In an effort to assist in having your patients receive seamless, comprehensive services in meeting their nutrition needs, SMMC requests the following steps are completed **prior to referral** for enteral tube placement.

**Ordering / Managing Physician:** Responsible for on-going management of patient enteral feeding needs

**Dietary Consultation:** Nutritional assessment and recommended products

**Home Health Agency:** Patient education on administering feedings and care of equipment / supplies

**Tube Feeding Companies:** Provides equipment

**Insurance Approval:** Obtained through tube feeding company

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Ordering and Managing Physician: \_\_\_\_\_

PCP (if different from ordering MD/DO): \_\_\_\_\_

Insurance: \_\_\_\_\_

### STEP 1 Set up the Patient

- Call in referral to tube feeding company for supplies and insurance approval
  - New England Life Care 1-800-439-7969 (SMMC preferred provider)
  - Apria 1-800-698-0508
  - Critical Care Systems 1-800-775-3601
- Dietitian Date of Referral: \_\_\_\_\_
- Home Visiting Nurse Agency: \_\_\_\_\_

### STEP 2 Scheduling Patient for Insertion

- CALL Surgeon / GI Consultant to schedule procedure
- FAX this form to Consultant office.
- FAX this form to PCP (if not ordering MD/DO)

Form is available on SMMC Intranet: Forms → Nursing → Outpatient Enteral Tube Insertion