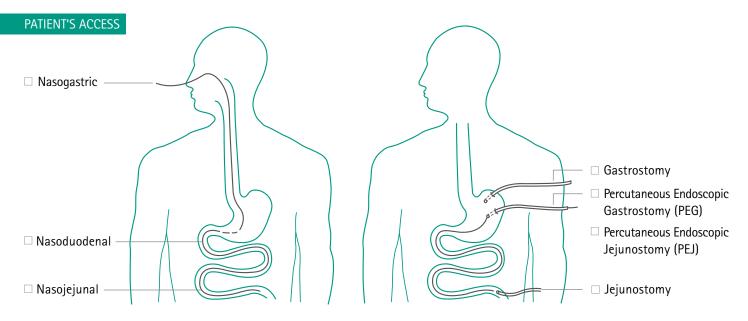


### PATIENT INFORMATION

Due to a medical condition the patient has an ENTERAL ACCESS DEVICE placed into his body either through the nose, the skin or the gastrointestinal tract. It requires skilled medical care.

Through this feeding tube the patient must receive all or most of the fluids, electrolytes and nutrients which are essential for him to sustain life functions.



Please indicate the type of access by ticking the box.

The tube is inevitable to sustain the life functions of the patient and shall only be used for its intended purpose (enteral nutrition).

#### PATIENT DATA First Name Surname ..... Date of Birth Place of Birth Passport Number Gender Blood Type Address \_\_\_\_\_\_ Phone ..... Cell Phone **HEALTH INSURANCE** Country of Primary Health Insurance Contact Phone Additional Travel Insurance Policy Number Name of Insurance Company..... Contact Phone

1



### PATIENT INFORMATION

CURREN	T DIAGNOSIS AND ALLERGIES									
	ns Patient is Being Treated for rORPHAN code if possible.)	r (Please indicate	Allergies							
	Our HAN Couc it possible.)		Medication	Dosage						
MEDICAL	_ HISTORY RELATED TO NUTRIT	IONAL ASPECTS								
Type of S	Surgery (-ies), Date(s)		•							
Effects o	of Surgery (Epicrisis)									
FEEDING	TUBE									
Туре	□ Nasogastric	□ Nasoduodenal	□ Na	asojejunal						
•	☐ Gastrostomy	□ PEG	□ PE	ΞJ	☐ Jejunostomy					
Size of T	ube									
Implanta	ntion Date									
Manufac	cturer									
Product	Code									
NUTRITIO	ONAL PARAMETERS									
Kcal/Day	· 									
Infusion	Rate									
	tration Schedule				•					
	y Used Enteral Nutrition Prod	_								
	y Used Container Type and Siz									
ivianutac	cturer									

Enteral Nutrition should ideally be administered via an infusion pump to keep the recommended infusion rate. If this is not possible gravity sets can be used as an alternative.



### PATIENT INFORMATION

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Tube Feedings  ☐ Nutricomp® Standard	Sip Feeds	Enteral Nutrition Powders					
□ Nutricomp® Standard Fibre	•	P Drink Plus Fibre Utalimed Evoplus					
□ Nutricomp® Energy	□ Nutricomp® [	Orink D	□ Vitalimed Evoforte				
□ Nutricomp® Energy Fibre	□ Nutricomp® S	Soup					
□ Nutricomp® Energy HP	□ Nutricomp® [	Orink Renal					
☐ Nutricomp® Energy HP Fibre	□ Nutricomp® [	Orink Plus HP					
□ Nutricomp® Soy Fibre	□ Nutricomp® [	Orink 2.0 kcal Fibre					
□ Nutricomp® D	□ Remune <sup>™</sup>						
□ Nutricomp® Peptid							
□ Nutricomp® Hepa							
□ Nutricomp® Intensive							
☐ Nutricomp® Glutamine Plus							
*Product names and availabilities depend on the local	registrations.						
INFUSION PUMP							
Pump Name	Serial Number	Man	ufacturer				
Production Date	Manufacturer's A	rticle Code					
ADDITIONAL MEDICAL EQUIPMENT & ACCES	SORIES						
For help to estimate the right amount of ma see our Medical Supplies Checklists on www		=	-				
Pump administration sets			document.				
		Enteral syringe cap	document.				
pcs. Enteroport® plus ENFit™ Set with U	niversal Adapter	Enteral syringe cap pcs. Enteral Cap (article					
pcs. Enteroport® plus ENFit™ Set with El	NPlus spike						
	NPlus spike	pcs. Enteral Cap (article	code 4616020)				
pcs. Enteroport® plus ENFit™ Set with El pcs. Enteroport® plus ENFit™ Set 1000 m Gravity administration sets	NPlus spike	pcs. Enteral Cap (article  Enteral syringe straw pcs. Enteral Straw (100	code 4616020) mm, article code 4616009)				
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### PATIENT INFORMATION

#### CONTACT IN CASE OF EMERGENCY

Personal Contact	Medical Contact							
1. Name	Doctor's Name							
Phone	Doctor's Phone							
Cell Phone	Hospital Name & Unit							
2. Name	Hospital Address							
Phone								
Cell Phone	Hospital Phone							
TRAVELING INFORMATION								
Can the patient use a normal aircraft seat with the seatback placed in the upright position when so required?	□ Yes	□ No						
Can the patient take care of his own needs on board unassisted	□ Yes	□ No						
(including meals, visit the toilet, etc.)?	If not, type of help needed							
		— N						
Does the patient need any additional support	□ Yes	$\square$ No						
when traveling?	, .							
MEDICAL STATEMENT								
Hereby, I confirm that my patient suffers from		and receives through						
Hereby, I confirm that my patient suffers froma feeding tube all or most of the fluids, electrolytes and nutrients	which are essential to live. The	e patient requires treatment with the						
delivery of enteral nutrition and fluids, which is given through an el								
The medical equipment listed in this document is inevitable for the which might not be available in other countries. Therefore, I wo	· ·							
excess medical luggage with my patient.								
Date	Physician's Signature							
man : 15.m								



Find out how to integrate Home Clinical Nutrition in your holidays to enjoy your time away from home and daily routine. For more information scan the QR code or visit https://www.bbraun.com/en/products-andtherapies/services/discharge-management/hpn-on-tour.html

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- Parenteral and enteral nutrition treatment is subject to medical prescription
- Nutritional regimes and dietary plans must be adhered to
- · Noticeable problems must be recorded (written down) and reported to your attending doctor promptly
- · Any changes to dietary plans require a medical prescription from a doctor
- · Dietary plans that have been signed by a doctor must be accessible at all times
- Only qualified nursing personnel, trained patients or relatives can carry out any parenteral and enteral nutrition administration procedures and related tasks
- Local medical guidelines for in- and out hospital situations must be adhered to at all times
- · Always check the contents of this brochure with local legal requirements and for specific guidelines in your

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