



Access Medical Supply, Inc.

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Enteral Feeding System Evaluation Form

Name: _____

Date: _____

<u>Enteral Feeding System Performance – Rating</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
1. Easily identifiable catheter markings	5	4	3	2	1
2. Satisfaction with feeding tube flow rates	5	4	3	2	1
3. Ability to visualize feeding tube by X-Ray	5	4	3	2	1
4. Sufficient length of extension set	5	4	3	2	1
5. Visible scale markings on syringe	5	4	3	2	1
6. Syringe is pump compatible	5	4	3	2	1
7. Secure connections throughout Enteral system	5	4	3	2	1
8. Overall satisfaction with this Enteral System	5	4	3	2	1

9. Clinically acceptable Enteral System? Yes _____ No _____

10. General Comments
