

## PEG FEEDING & PERSONAL CARE CHART

**Program:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete this form for young people in your group who require: Peg feed / full assistance with toileting (pad change) / spend time out of wheelchair throughout the day. Make this form available to parents when collecting their child to advise them of peg feed & change times.

*Always refer to young people's profiles for times & procedures to carry out these duties*

<b>YOUNG PERSON NAME:</b>				
	<b>Time</b>	<b>Staff Name</b>	<b>Time</b>	<b>Staff Name</b>
Peg Feed				
Water (via Peg)				
Toilet / Change				
Time out of chair				
<b>YOUNG PERSON NAME:</b>				
	<b>Time</b>	<b>Staff Name</b>	<b>Time</b>	<b>Staff Name</b>
Peg Feed				
Water (via Peg)				
Toilet / Change				
Time out of chair				
<b>YOUNG PERSON NAME:</b>				
	<b>Time</b>	<b>Staff Name</b>	<b>Time</b>	<b>Staff Name</b>
Peg Feed				
Water (via Peg)				
Toilet / Change				
Time out of chair				
<b>YOUNG PERSON NAME:</b>				
	<b>Time</b>	<b>Staff Name</b>	<b>Time</b>	<b>Staff Name</b>
Peg Feed				
Water (via Peg)				
Toilet / Change				
Time out of chair				