Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

| Name: Ward: NHI: Paediatric Products INITIATION Prerequisites (tick boxes where appropriate) Child is aged one to ten years and The child is being fed via a tube or a tube is to be inserted for the purposes of feeding or Any condition causing malabsorption or Faltering growth in an infant/child or Increased nutritional requirements or The child is being transitioned from TPN or tube feeding to oral feeding | PRESCRIBER | PATIENT: |
|--|--|----------------------------------|
| Paediatric Products INITIATION Prerequisites (tick boxes where appropriate) Child is aged one to ten years and The child is being fed via a tube or a tube is to be inserted for the purposes of feeding or One Any condition causing malabsorption or One Faltering growth in an infant/child or One Increased nutritional requirements or One The child is being transitioned from TPN or tube feeding to oral feeding or One Description or One Description or One Description One Descr | Name: | Name: |
| INITIATION Prerequisites (tick boxes where appropriate) Child is aged one to ten years The child is being fed via a tube or a tube is to be inserted for the purposes of feeding or Any condition causing malabsorption or Faltering growth in an infant/child or Increased nutritional requirements or The child is being transitioned from TPN or tube feeding to oral feeding | Ward: | NHI: |
| Prerequisites (tick boxes where appropriate) Child is aged one to ten years and The child is being fed via a tube or a tube is to be inserted for the purposes of feeding or Any condition causing malabsorption or Faltering growth in an infant/child or Increased nutritional requirements or The child is being transitioned from TPN or tube feeding to oral feeding or | Paediatric Products | |
| or O Any condition causing malabsorption or O Faltering growth in an infant/child or O Increased nutritional requirements or O The child is being transitioned from TPN or tube feeding to oral feeding or | Prerequisites (tick boxes where appropriate) Child is aged one to ten years and | tool for the purposes of fooding |
| The child has eaten, or is expected to eat, little or nothing for 3 days | or O Any condition causing malabsorption or O Faltering growth in an infant/child or O Increased nutritional requirements or O The child is being transitioned from TPN or tube feedin | g to oral feeding |

| I confirm that the above details are correct: | |
|---|-------|
| Signed: | Date: |