

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](#).

PREScriBER

Name:

Ward: NHI:

Standard Feeds

INITIATION

Prerequisites (tick boxes where appropriate)

For patients with malnutrition, defined as any of the following:

- BMI < 18.5
- or Greater than 10% weight loss in the last 3-6 months
- or BMI < 20 with greater than 5% weight loss in the last 3-6 months

- or For patients who have, or are expected to, eat little or nothing for 5 days

- or For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism

- or For use pre- and post-surgery

- or For patients being tube-fed

- or For tube-feeding as a transition from intravenous nutrition

- or For any other condition that meets the community Special Authority criteria

I confirm that the above details are correct:

Signed: Date: