



Tube Feeding Resource Guide

Coram[®]

♥ CVS specialty[®] infusion services

Welcome to Coram.

At Coram® CVS Specialty® Infusion Services (Coram), we're here to help make things a little easier. We know that starting on tube feeding at home will require some adjustment. At first, you may face some challenges and feel overwhelmed—but we're ready to help. Coram will provide ongoing education, care and support to help you achieve success with your nutrition therapy. **We're here for you... every step of the way.**

Each day, Coram skilled nurses and dietitians work together to provide complex nutrition therapies to thousands of patients. The experienced staff at Coram will work as a team, along with your doctor, to coordinate all aspects of your care. Members of your tube feeding care team are available 24 hours a day, every day, to answer questions about your health, medications, nutrition formulas, equipment or supplies.

At every turn, Coram will go above and beyond to help you stay on your path to better health. We are committed to making sure you always receive expert care and personalized support to help you best meet your nutritional needs.

This guide will introduce you to the Coram team and provide you with information about your tube feeding therapy. Please use this guide as a resource during your therapy.

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Bill Payment

By Phone

Please call **1-800-257-0841** to pay an invoice over the phone using a credit card. You will receive a receipt by email or U.S. Postal Service (USPS) mail.

Online

For fast, easy bill payment, visit **Coramhc.com**. Click on *Pay Your Bill* in the upper right-hand corner. You can pay invoices by credit or debit card. You will receive a confirmation number and payment receipt.

About your home nutrition support

Your doctor and health care team have decided that it is in the best interest of you or your loved one to have a feeding tube placed into the stomach or intestinal tract. These tubes provide a way to receive liquid food or “formula” when you are unable to adequately eat by mouth. This allows you to receive the nutrition and water you need to maintain your weight, strength and hydration.

A feeding tube may only be necessary for a short time during intensive medical treatment, or for a longer period of time, depending on the specific medical condition. People of all ages receive tube feeding including infants, children and adults. Those who have difficulty swallowing, keeping food down or aren’t getting enough nutrition or fluids by mouth may be prescribed tube feeding.

The Coram home nutrition support program provides the tube feeding formulas, equipment and supplies your doctor has prescribed for you, as well as the information you will need to succeed with tube feeding at home.

Your Coram resources

Your Coram Nutrition Support Team will work closely with you and your prescribers to ensure your every day questions are answered.

For any urgent needs, we're available around the clock, seven days a week at **1-877-936-6874**.

- **Dietitian:** Assesses your nutrition needs; teaches you about your medical nutrition therapy; monitors your response to your nutrition therapy; and can help you make adjustments in your therapy as needed.
- **Customer Care Specialist:** Speaks to you on a regular basis to find out how you are doing, arranges for delivery of your tube feeding formula and supplies needed for your therapy. For information, see Managing Your Supplies on page 49.
- **Reimbursement and Insurance Specialist:** Helps you with any financial concerns and answers your questions about charges or payment terms. For more information, call **1-877-936-6874** and press Option 4. You also can refer to How to Contact Coram on page **60**.

You also have access to **Coramhc.com**: Our website provides an abundant source of patient and caregiver tube feeding resources. You will find online education tutorials and videos, information on traveling with Coram's support and much more.

Types of feeding tubes

You can think of a feeding tube as a delivery route for liquid food, formula and, in certain situations for young children, breast milk. Feeding tubes usually are soft and flexible.

The decision as to which type of feeding tube your doctor believes is best involves many factors, including how long the tube feedings will be needed and how well the stomach and/or small intestine are working. Each person with a feeding tube is unique. What works for one person and family may not work for another.

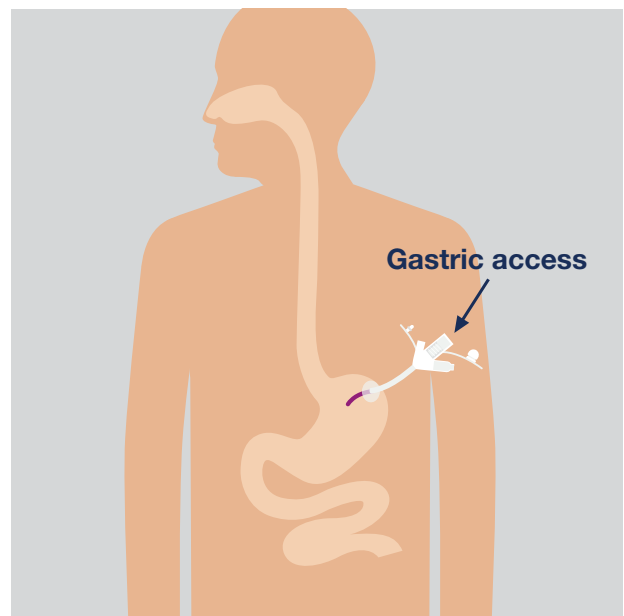
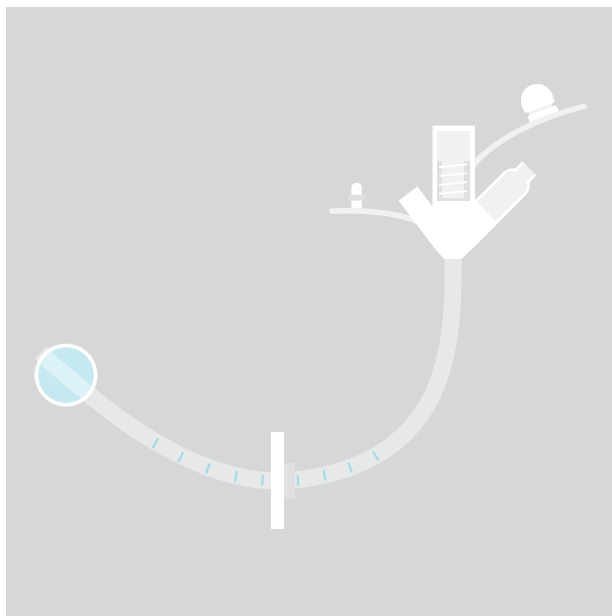
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Gastrostomy tube (G-tube)

(gas-TROS-tuh-mee)

This type of tube is placed through the abdominal wall into the stomach. An opening, called a stoma (STOH-muh), is made in the abdominal wall. The feeding tube passes through the stoma into the stomach. Part of the tube is inside the stomach, and another part extends to the outside. The outside part of the tube may be several inches long, and will have an opening at the end of the tube where formula can be delivered. This tube opening is commonly referred to as a feeding port.

A G-tube often is recommended when tube feeding is required for longer than six weeks.

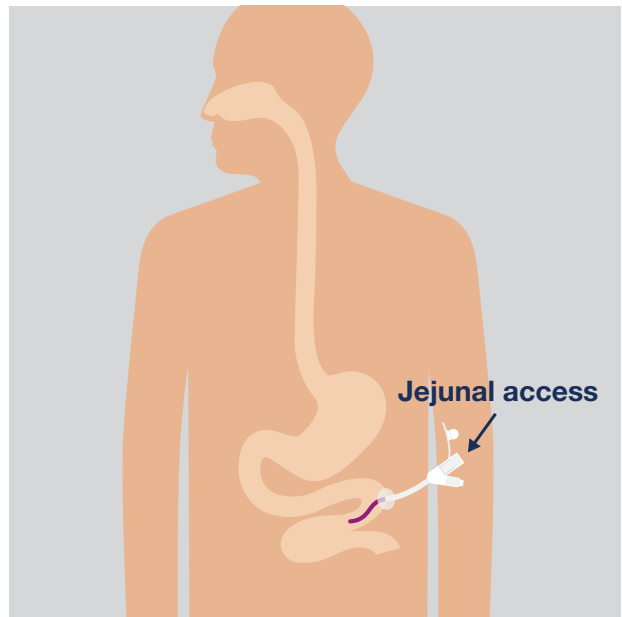
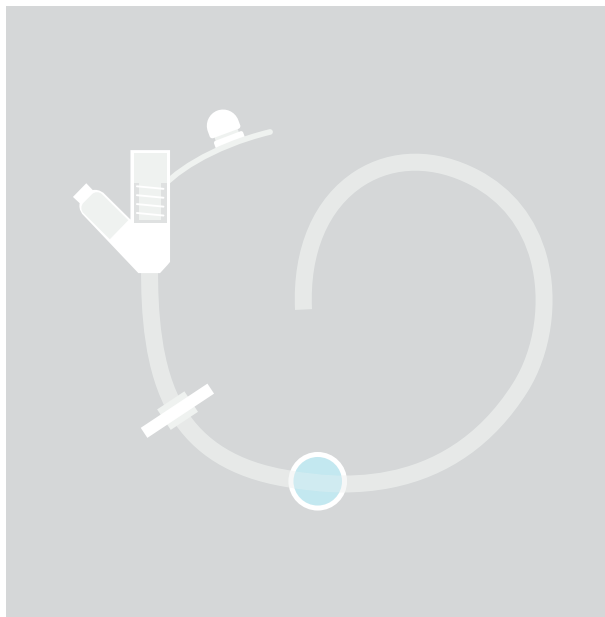


Jejunostomy tube (J-tube)

(jay-joon-os-tuh-mee)

A tube in the small intestine, below the stomach, is usually placed when feeding into the stomach is not possible or tolerated. This type of tube can stay in place for months to years.

The difference between feeding with a G-tube and a J-tube is the location of the tube. A G-tube goes directly into the stomach, which can handle a large volume of formula and water at one time. The J-tube is inserted into the small intestine, which does not have the same ability to handle large volumes of formula or water at one time. People who require a J-tube for feeding often require a mechanical feeding pump to infuse a controlled amount of formula per hour.



Low-profile tube (button) and extension set

This tube sits on the abdomen and looks like a button or disc. A small tube extends from the button and passes through the layers of the abdominal wall into the stomach or small intestine.

There are two basic types of feeding buttons. The most common features a balloon retaining device that holds the tube in the correct place in the stomach. This balloon is filled with either water or saline, depending on the manufacturer's directions, and can be removed and replaced at home with proper training.

The second type features a soft plastic retaining device that may look like a mushroom top. This type usually is removed and replaced by a doctor.

A button requires the use of a separate extension tube, or extension set. This tubing connects your low-profile tube/button to your feeding bag or syringe for feeding, or giving medication or water. The button is accessed for feeding when the extension set is plugged in properly. Once the feeding is complete, the extension set can be removed until the next feeding.

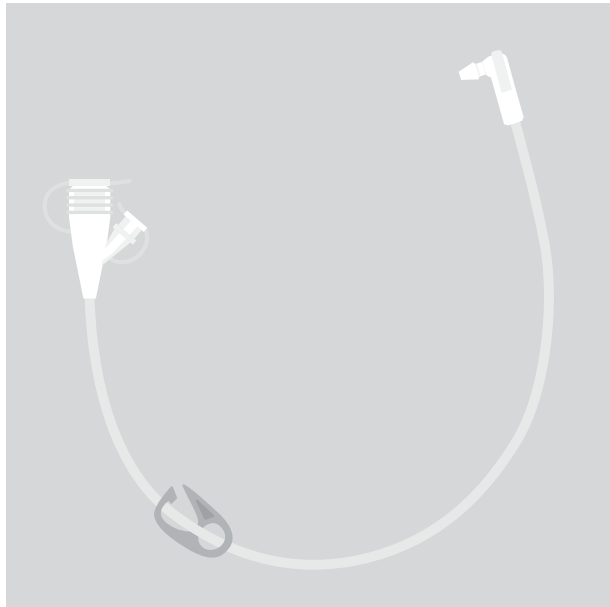
Extension sets often are specific to the brand of tube you have, so it is important for you to know what brand you have.



Balloon low-profile (button) tube

There are two basic types of extension sets:

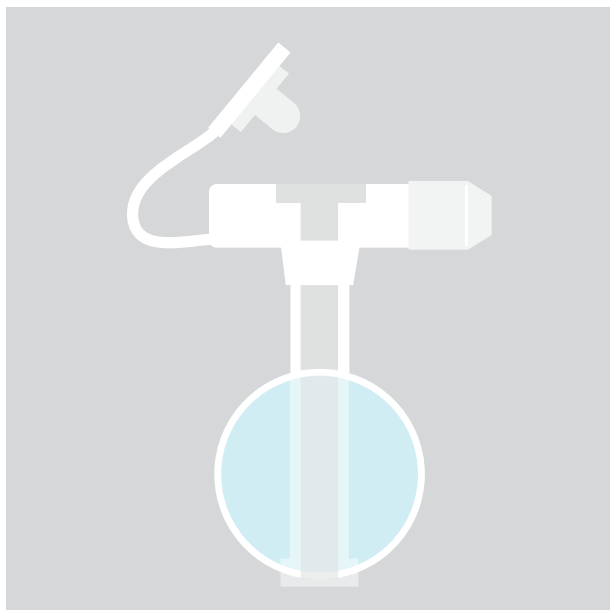
1. Right-angle extension sets: These are designed for use with slowly infused gravity feedings or pump feedings.
2. Straight, or bolus, extension sets: These are designed for use with bolus or gravity feedings and are larger in diameter so formula can flow through faster.



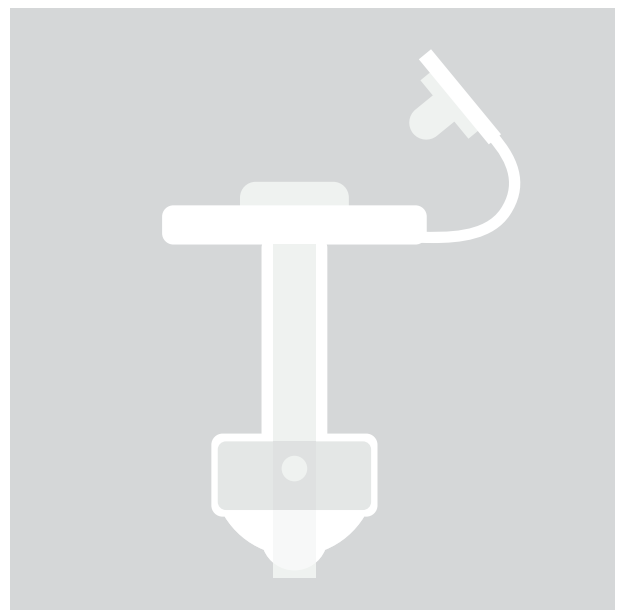
Right-angle extension set



Straight/bolus extension set



Balloon low-profile



Non-balloon low-profile

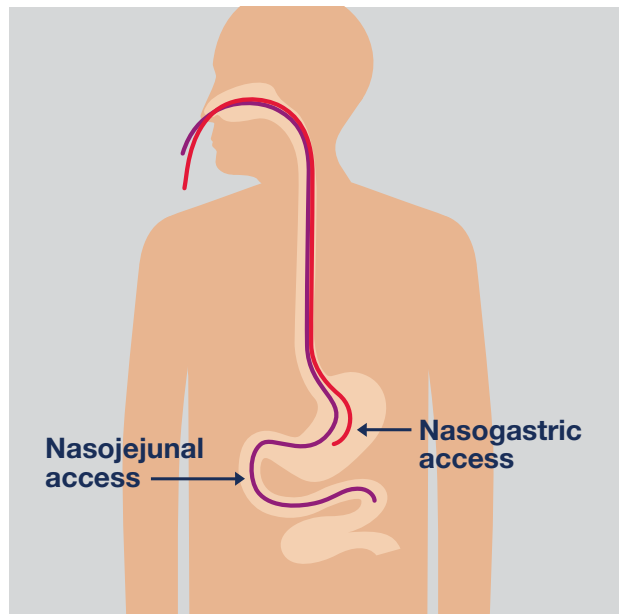
The advantage of a button is that there is no external tube permanently hanging from the abdomen. You can place and remove the extension sets as needed for feedings. A button is often more comfortable for active individuals, or those who work or go to school. It has a more discrete appearance and may prevent accidentally dislodging the feeding tube, as there is nothing hanging down to pull on.

Nasojejunal (NJ) and Nasogastric (NG) tubes

These narrow tubes go through the nose and pass through the esophagus into the stomach. These are common for adults, as well as infants or children who will need feedings for less than four to six weeks. If you have a nasojejunal (NJ) tube, it is passed through the nose but delivers nutrition down past the stomach into the small intestine.

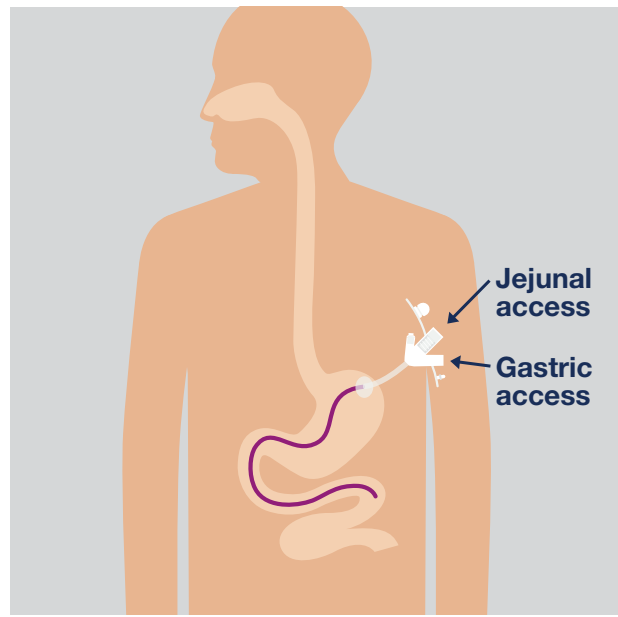
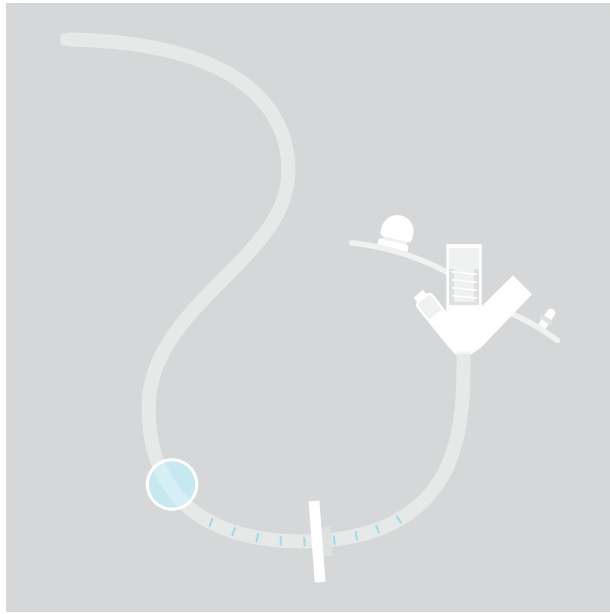
NG tubes come in a variety of sizes, but all have the same design. The hollow tube allows infusion of formula and water. At the top of the tube is an opening, or feeding port, where a syringe or feeding bag can connect. At the end of the tube is a tip where small holes allow the formula and water to pass through the tube into the stomach. Some tubes come with a small metal wire that runs the length of the tube, called a stylet, which helps with placement and is removed after placement is confirmed. Other tubes may have a small weight at the end to help it stay in place in the stomach or small intestine.

An advantage of the NG tube is that it is easy to place. A nurse can place it at the bedside or in the home. In certain situations, a qualified clinician may teach parents and caregivers how to place an NG tube at home.



Gastro-Jejunostomy (G-J) tube

Some people may have a combination G-J tube. This tube is inserted into the stomach, but feeds into the small intestine. A G-J tube may have a port that provides access to the stomach for venting, drainage or suction. It is important to know which port goes to the stomach and which goes to the jejunum.



The transition to home tube feeding will require some adjustment, but realize that you are not alone. Coram helps tens of thousands of adults and children who require home tube feeding every month, and is here to help you.



Watch the Coram video that provides an introduction to your feeding tube at **coramhc.com**

1. Carefully follow all instructions.
2. Do not skip feedings or remove yourself from the feeding pump for too long. To receive enough nutrition on a daily basis, you will need to take the prescribed amount of formula each day as ordered by your doctor.
3. If you have problems or questions, contact Coram at **1-877-936-6874** to talk to a Coram Dietitian.

How to care for your feeding tube

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How to care for a Gastrostomy tube (G-tube)

After the initial placement, your feeding tube will be secured to your abdomen with tape and covered with sterile gauze, sometimes called a dressing. You may have some minor soreness around the tube site for a couple of days. It may feel like a pulled muscle. You can expect some minor drainage around the tube site for the first 24 to 48 hours. This is normal.

Proper care of your feeding tube site is very important, especially during the first 72 hours after tube placement. Your doctor will tell you when you can remove the dressing. After you remove the dressing, you will need to clean the skin around the feeding tube daily. With approval from your doctor, you can clean your tube site with normal bathing in the bath tub or in the shower.

During the first few days, it is a good idea to replace the dressing. After your feeding tube site or stoma has healed, you may no longer need a dressing. Consult with your doctor or nurse about this.

If your tube has been stitched in place, you should not attempt to rotate the tube. For other gastrostomy tubes, it is important to rotate the tube gently 360 degrees each day. This is to prevent scar tissue from forming, which can make tube removal and replacement difficult. **J or G-J tubes should not be rotated.** See How to Care for a Jejunostomy Tube (J-tube) or Gastro-Jejunostomy Tube (G-J tube) on page 16. If you are not sure what type of tube you have, consult your doctor or nurse before rotating your tube.

Remember to clean your stoma site on a daily basis. Don't forget to clean under the external bolster if your tube has one.

Cleaning the skin around the feeding tube

1. Wash your hands with soap and water. Refer to the proper handwashing technique on page 41.
2. When your doctor has told you to do so, carefully remove any dressing (gauze and tape) from around the tube. It is normal to see some drainage and crusting around the tube or button site for several days after placement.
3. Use gauze or a soft cloth, and soap and water, to gently clean around the tube site. Use outward circles around the tube or stoma site.



4. **Do not use rubbing alcohol or hydrogen peroxide** to clean your stoma site as this is too harsh for your tender stoma tissue. Soap and water is all you need to clean.
5. Rinse well with warm water, especially the skin next to the tube. Pat dry.
6. Sometimes the tube or tube site develops crusting around it that you cannot easily remove with soap and water. If this happens, continue to soften the crusting with a warm, damp cloth or cotton swab until you can more easily clean it off.
7. If you are having any drainage around your stoma site, use split gauze between the skin and bolster. This will help prevent future drainage.
8. Do not use ointments around the tube site unless directed by your doctor or home health nurse.
9. You may choose to do the daily cleaning of your tube site during your shower. Make sure to dry the stoma site completely afterward.
10. Check your tube site daily for redness, pain, swelling or any unusual drainage. Contact your doctor immediately if you notice any of these symptoms, the skin is warm to the touch and irritated, the G-tube has fallen out or you cannot flush the tube.

Your Coram Dietitian may be able to help you troubleshoot the non-urgent complications described above. Call **1-877-936-6874** and ask to speak with a dietitian.

How to care for a Jejunostomy tube (J-tube) or Gastro-Jejunostomy tube (G-J tube)

Care for a new J-tube or G-J tube is similar to a G-tube in that it is important to always wash your hands and clean around the tube site on a daily basis. In daily cleaning, **do not rotate a J or G-J tube**, as it will cause the tube to move out of place in the intestine. For step-by-step instructions, refer to the section *How to Care for a Gastrostomy Tube (G-tube)*, on page 14.

Cleaning under the bolster of the feeding tube

Your tube may or may not have an external bolster. Most external bolsters are round or rod-shaped, and are placed at the surface of the skin to help stabilize the tube and prevent unnecessary movement. You may need to gently slide the bolster up the feeding tube so you can also clean under this daily.



1. Wash your hands with soap and water. Refer to the proper handwashing technique on page 41.
2. Gently lift the bolster away from the skin, just enough to place gauze, a soft cloth or cotton swab underneath it. Be careful not to pull on the feeding tube.
3. Dip the gauze, a soft cloth or cotton swab in warm water, and gently clean under the bolster. Pat the skin dry.
4. Gently replace the bolster back against the skin. Make sure there is enough space (about the width of a dime) between the skin and bolster for air flow. Having the bolster too tight against the skin may cause skin irritation.
5. **Do not rotate or turn your tube.** This may cause it to move out of place.

Discuss additional care for a G-J tube with your doctor and/or Coram Dietitian.



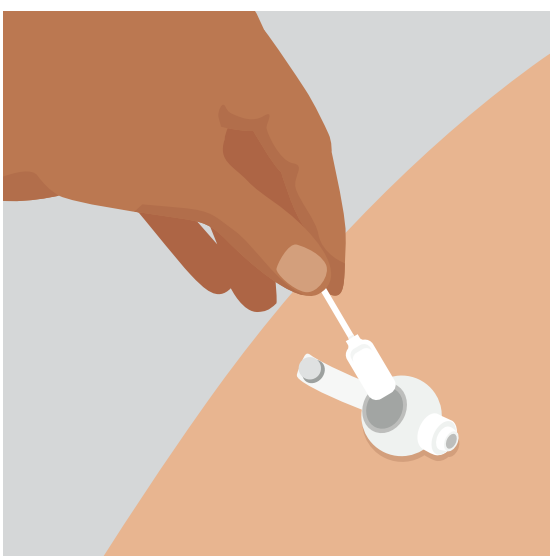
Watch the Coram instructional video on tube site care at **coramhc.com**

How to care for a low-profile tube (button) and extension set

1. Wash your hands with soap and water. Refer to the proper handwashing technique on page 41.
2. Wash the skin around the button with warm, soapy water. Rinse well with warm water and pat dry. Gently clean around any sutures, if present. Some sutures require removal. Be sure to ask your medical provider if a follow-up appointment is needed to remove sutures or if they will dissolve on their own.
3. Dry skin with a clean cloth. The site should be kept clean and dry.
4. If the skin around the button develops any crusting, gently clean the area with a warm, damp gauze or cloth.



5. Clean the inside of the feeding port with a cotton swab once a day to keep it free of dried formula or medication. Simply open the port cover, dip a damp cotton swab in the opening and swirl it around a few times.



6. Rotate the button one half turn each day to prevent scar tissue from building up. Remember that you cannot do this if the tube is sutured in place, or if you have a J or G-J style button. If you are not sure which style of button you have, consult your doctor before rotating your button.
7. Flushing the extension set after feeding is important to keep the tube clean on the inside. It is recommended to flush the button with water after feeding. Rinse out the extension set after each use and use a new set each week.



When to call your Doctor or Nurse

In caring for your feeding tube, remember that it is normal to see some drainage and crusting around the tube or button site for several days after placement. Call your doctor if this does not improve each day or the amount of discharge increases.

It is important to help ensure that the tube is resized to fit properly when there are significant weight changes. Improperly sized tubes may lead to leaking or hypergranulation (unwanted tissue growth around the tube), which can cause infection or other problems. Contact your doctor if you think your tube size needs to be remeasured and adjusted.

How to care for an NJ or NG tube

Following a few simple steps every day will help make sure that you or your loved one will be safe and comfortable with this type of feeding tube.

1. Always wash your hands before touching the tube. Refer to the proper handwashing technique on page 41.
2. Clean around the edges of the nose or nostril with a soft, clean washcloth when the tube is in place.
3. A variety of tapes or dressings can be used to help keep the tube in place. It is important to remove the tape or dressing when it becomes dirty or moves out of place. When removing the tape or dressing, loosen it with a small amount of mineral oil and gently take it off. Try to vary the location of the tape or dressing so it does not cause irritation on the face.
4. Changing the placement of the tube from one nostril to the other every seven to 14 days will help reduce skin irritation.
5. Most tubes are reusable for up to one month, so after removing the tube, clean with warm, soapy water, and rinse with water between uses.

Make sure to ask your doctor whether you should replace the tube at home or have it replaced by a health care professional.

6. Discuss training, technique and frequency of tube placement verification – accomplished by use of a stethoscope or pH strips – with your doctor.



Checking tube placement with the listening method

When to call your Doctor or Nurse

- If you cannot confirm the NJ or NG tube is in the stomach
- If you or your loved one complains of pain, has difficulty breathing or speaking, or has a distended stomach
- If you cannot unclog an obstructed tube, and you have already worked with your Coram Dietitian to attempt to resolve the clog
- If there is redness, swelling or bleeding in the nostril where the tube is placed
- If the tube is accidentally pulled out and you cannot get it back into place safely

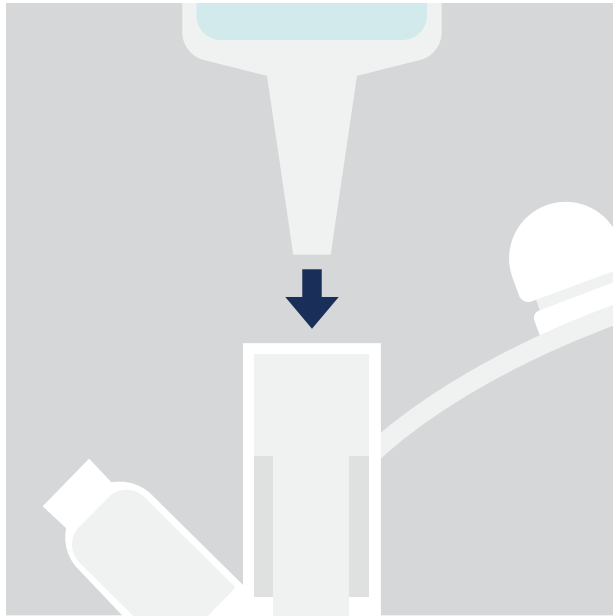
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Identifying your feeding tube connection type

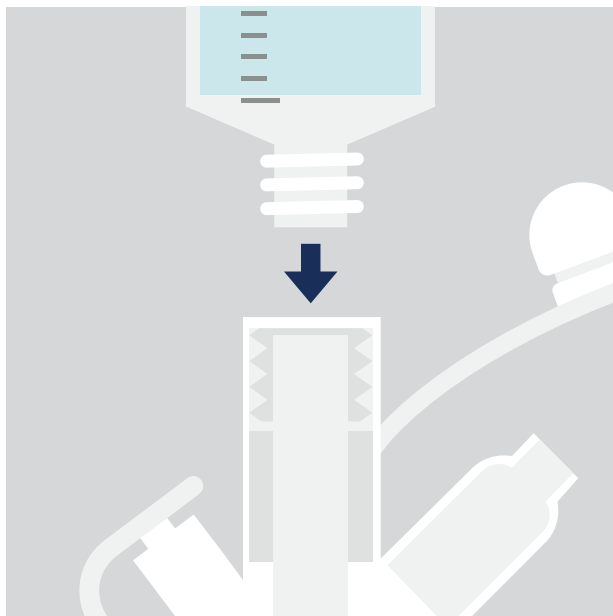
Legacy Tube Port

This feeding tube type requires connection to a catheter tip syringe and the graduated “Christmas Tree” transition connector on the feeding bag.



ENFit Tube Port

This feeding tube type requires connection to an ENFit syringe tip and the ENFit connection on a feeding bag. Removal of the graduated “Christmas tree” transition connector from the feeding bag is required before connecting to an ENFit feeding tube.



Venting your feeding tube

Some people have a difficult time with gas, distention or bloating. Venting, or decompression, provides relief by letting excess air or fluids out of the stomach. Venting can be done if you have signs of discomfort, such as a hard or swollen stomach or vomiting.

Venting can be accomplished in several ways:

- To vent a G-tube, connect a 60 mL syringe with the plunger removed to the feeding tube. Hold above the stomach for a few minutes.
- With a low-profile feeding tube (or button), decompression can be easily performed by attaching a straight or right-angle extension set and unclamping the tube if a clamp is present.
- Based on the type of low-profile device, a special decompression tube set with a one-way valve may be available. This decompression set attaches to the tubing port and includes a one-way valve that allows excess gas or stomach contents to flow out of the stomach. Check with your doctor to determine if you have this type of feeding tube.
- If gas is present, you should hear or see the gas bubble up through the tube, or see stomach contents back up into the syringe or tube. If liquids come up with the air bubble, return them back into the stomach, as they contain important body fluids. Positioning on one side and then the other also may help in venting.

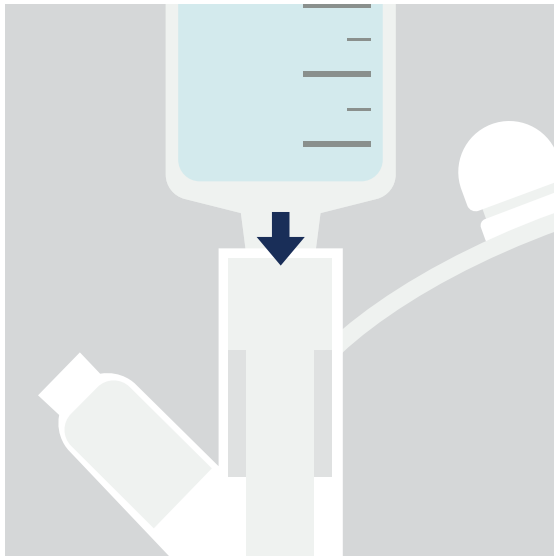
Clean the syringe and extension set after venting the same way you clean the feeding tube.

Flushing your feeding tube

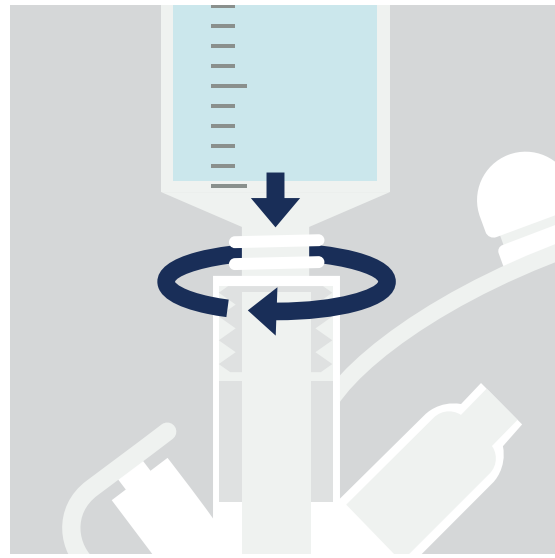
To maintain your new feeding tube, you will need to “flush” the tube with water a few times a day (or as directed by your doctor). You will do this with a syringe and water that is suitable for drinking. Syringes come in all sizes. A common size is 60 mL, which is equivalent to two ounces. Your home tube feeding prescription should specify your flushing schedule and volume. If you don’t know how much water you are supposed to flush, ask your Coram Dietitian for guidance.

It is recommended that you flush your tube with water before and after each feeding, and whenever you place medication down the tube. This will help make sure that your tube does not get clogged with any medication or formula.

1. Fill a clean cup or bowl with lukewarm water. Do not use cold water, as this may cause cramping.
2. Put the tip of the syringe in the water with the plunger in place.
3. Gently pull the plunger up, which will draw water into the syringe. Draw the desired amount of water into the syringe.
4. Pinch, clamp or fold over the feeding tube to prevent stomach contents from leaking out. Then open the feeding tube port cap.



Legacy connection



ENFit connection

5. Connect your syringe to the feeding tube port. Unfold or unclamp the feeding tube. Then gently push the plunger down. This will push the water through the tube. Do not force the water flush.
6. Remove the syringe. Close the cap on the feeding port.

Contact a Coram Dietitian at **1-877-936-6874** if you have difficulty flushing your feeding tube, or think you may have a clog.

What to do if your feeding tube comes out

If this happens, the feeding tube needs to be replaced immediately since the stoma (or stomach opening) will close within a few hours. Do not try to replace the tube on your own unless your health care professional has taught you how to do so.

If you have received training, replace the feeding tube with the back-up tube you have. Insert according to the instructions provided to you by your doctor or health care provider. If you do not have a back-up tube, you can replace the tube that came out and tape it down to maintain the stoma tract until you are able to have a replacement tube placed.

If you have not been taught how to replace a feeding tube, cover the hole with clean gauze or a dry cloth, as the site may bleed or stomach contents may leak. Call your doctor, health care provider or after-hours number immediately. If you live far from the office, they may direct you to your local hospital emergency room. Take the feeding tube with you so the doctor knows the brand and tube size to replace.

How to administer feedings

Your health care professionals have chosen one or more methods to administer your tube feeding:

- Bolus (syringe) feeding
- Gravity (gravity bag) feeding
- Pump-assisted feeding
- Blenderized tube feeding

In this section, you will find information and feeding instructions for each method.

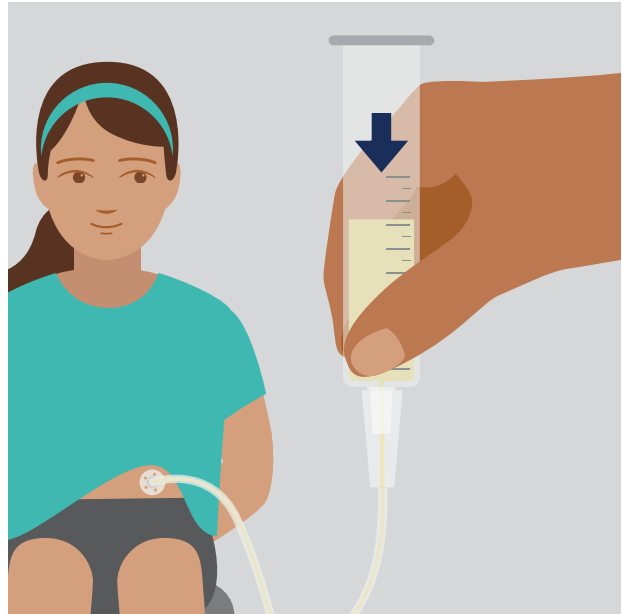
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Bolus (syringe) feeding

The most common method for home tube feeding is bolus, or syringe, feeding. This is when a specific amount of formula is given over a short period of time. A two-ounce (60 mL) syringe pushes formula directly into the stomach. Another way to bolus feed is to use the syringe like a funnel: pull out the plunger, connect the syringe to the tube, then pour formula into the barrel of the syringe and allow it to drain into the stomach by gravity. You can think of it as giving yourself a liquid meal down your tube multiple times a day, as prescribed by your doctor.

Unless you are already comfortably tolerating your full prescription, it is a good idea to start with a small amount of formula. If there are no problems, gradually build up to the amount prescribed by your doctor. Bolus feedings generally should take 10-20 minutes to administer an 8 ounce container.

Most people find that it is easier to tolerate their feeding when sitting upright during a bolus feeding session. It is recommended to remain sitting upright for at least 30 minutes after finishing the feeding.



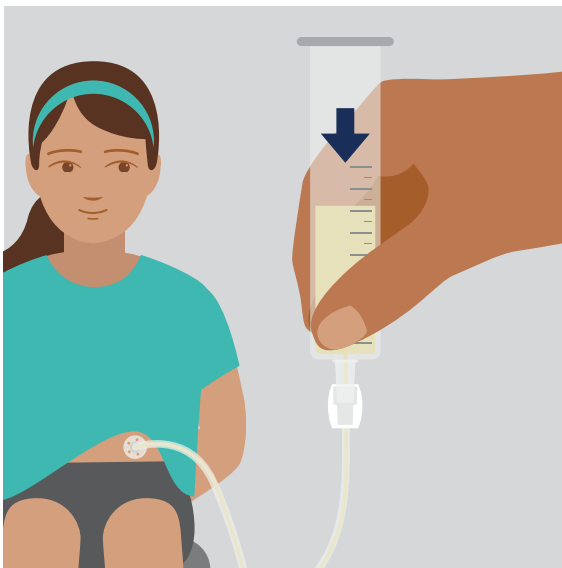
The illustration above demonstrates a legacy connection.

Bolus feeding instructions

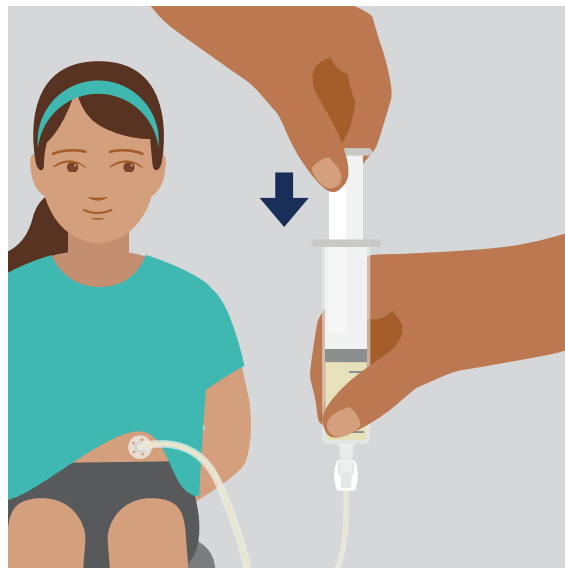
Begin by washing your hands. Refer to the proper handwashing technique on page 41. Then, clean the top of the formula container with a damp paper towel. Shake well before opening the container.

When using a powdered formula, only make up enough for a 24-hour period. Refrigerate any unused formula.

1. Prepare the syringe and feeding tube for bolus feeding:
 - a. Pull the plunger out of the syringe.
 - b. Pinch, clamp or fold over the feeding tube to prevent any fluid from running out.
 - c. Open the end of the feeding tube port. If you are feeding through a low-profile button, attach the extension set.
 - d. Connect the syringe to the feeding tube port or extension set.
 - e. Unfold or unclamp the feeding tube. This will allow the formula to flow freely once administered.
2. Pour the formula into the syringe. To increase or decrease the flow rate of the formula, you can simply raise or lower the height of the syringe. The higher the syringe, the faster the formula will flow. You can also put the plunger back into the syringe and then gently push down to force the formula into the feeding tube.



The illustration above demonstrates an ENFit connection and shows the syringe attached to a G-tube feeding port which acts as a funnel. Slowly pour a small amount of formula into the syringe. The formula then will flow through the tube into the stomach.



The illustration above demonstrates an ENFit connection.

3. Repeat until the prescribed amount has been administered



Watch the Coram instructional video on bolus feeding at **coramhc.com**

Be sure to flush the feeding tube with water before and after each bolus feeding.

For parents

Your doctor, nurse or Coram Dietitian may use another word for bolus feedings: **gavage**. This term is commonly used to describe bolus feedings for an infant. Never leave your child alone while bolus/gavage feeding.

Gravity (Gravity Bag) feeding

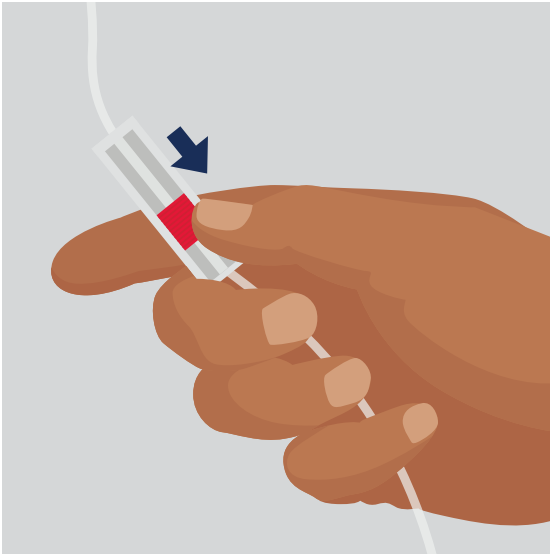
With this type of home tube feeding, a specific amount of formula is placed in a feeding bag that is hung from an IV pole.

Gravity feedings allow you to control the flow of formula with a roller clamp. If you are new to tube feeding, you may want to start with a slower feeding administration to improve tolerance. Normally, gravity feedings will take 20 to 30 minutes per eight-ounce container. Opening the roller clamp on the feeding bag makes the formula infuse faster. Closing the clamp makes the formula infuse more slowly. One of the benefits of gravity feeding is that you can change the infusion rate depending on your tolerance and how you are feeling.



Gravity feeding instructions

1. Wash your hands. Refer to the proper handwashing technique on page 41. Shake well before opening the formula container.
2. Close the roller clamp by rolling it down on the feeding bag.



3. Fill the gravity feeding bag with the prescribed volume of formula. Then close the top of the feeding bag.

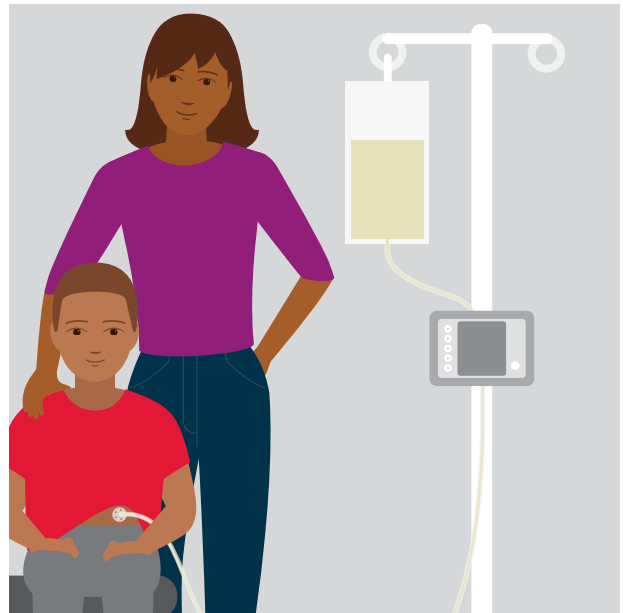
4. Hang the feeding bag on an IV pole so it is at least 18 inches above the level of your stomach.
5. Remove the clear plastic cover from the end of the tubing attached to the feeding bag.
6. Hold the tubing tip over a waste container or a clean kitchen sink.
7. To remove the air from the tubing (priming the line with formula), open the roller clamp by rolling up to allow formula to flow to the end of the tubing. Close the roller clamp (roll down) to stop the flow of formula.
8. Connect the tip of the gravity bag tubing into the feeding tube port.
9. Open the roller clamp to adjust the flow of formula.
10. Rinse out the feeding bag and tubing with warm water between feedings. It also is recommended that you use a new gravity feeding bag each day to prevent bacterial growth.



Watch the Coram instructional video on gravity feeding at **coramhc.com**

Pump-assisted feeding

Patients who have a Jejunostomy tube (J-tube), and some who require a specific volume of formula infused over a period of time, may use pump-assisted feedings. A feeding pump infuses or “pushes” formula through the feeding tube. It is programmed to infuse or push formula through the feeding tube at a prescribed rate measured in mL/hour. Feeding pumps will come with detailed instructions on how to operate them correctly.



Pump-assisted feeding instructions

1. Wash your hands. Refer to the proper handwashing technique on page 41. Shake well before opening the container.
2. Turn the pump on.
3. Insert or “load” the tubing that is attached to the feeding bag into the feeding pump.
4. Remove the clear plastic cover from the end of the tubing attached to the feeding bag.
5. Hold the tubing tip over a waste container or a clean kitchen sink.
6. Follow the directions to “prime the pump.” This means to get the formula to flow to the tip of the tubing and remove air from the tubing.
7. Set the prescribed infusion rate (in mL/hour) on the pump.
“Rate” is how fast, and “Dose” is how much. As an example, a feed rate might be 60ml per hour with total dose of 1000ml per day.
8. If needed, program your pump with the prescribed dose or volume to be delivered (VTBD). Remember that a “dose” is different than your feeding rate.
9. Connect the tip of the tubing into the feeding tube port.
10. Select “Run” to begin infusing the formula.
11. When feeding is complete, turn the pump off.
12. Flush the feeding tube with the desired amount of water.
13. If needed, rinse out the feeding bag with lukewarm water between feedings. Throw away the feeding bag after 24 hours of use



Watch the Coram instructional video on pump-assisted feeding at **coramhc.com**

Blenderized tube feeding

Blenderized tube feeding (BTF) is the process of preparing whole food and processing it with a powerful blender so that it is liquid, and smooth enough to feed through a feeding tube. There are also commercially available BTF products available on the market as well. BTF is an option that is growing in popularity and understanding by consumers and health care providers.

Although commercial enteral formulas meet the needs of most tube-fed consumers, there may be a need or desire to consider BTF as a part of the tube feeding plan. People blenderize in the following ways:

- Occasionally and as a supplement to commercially prepared formula
- Regularly and as a supplement to commercially prepared formula
- As a primary source of home tube feeding, with commercially prepared formula as a supplement or when traveling
- As 100 percent of the tube feeding regimen

Things to consider before beginning BTF:

Make sure to discuss your individual situation with your health care professional.

- Ask your doctor or dietitian if you are a good candidate for BTF.
- Tube size of >14 French is recommended and will help prevent tube clogs.
- Bolus and gravity feedings are the preferred method of feeding.
- Not all feeding pumps are compatible with BTF. BTF may damage a feeding pump, and may not infuse the volumes noted on the pump infusion record.
- Food safety and sanitation during food preparation is essential to help reduce the risk of food-borne illness.
- Proper cleaning of the blender is critical to help reduce the risk of food-borne illness.
- Recommended hang time of BTF is two hours or less, for commercially prepared BTF, follow the hang time recommendations of the manufacturer.

Additional BTF resources:

- https://oley.org/page/HomeTF_BlenderFoods/Home-Tube-Feeding-with-Blenderized-Foods-
- [Coramhc.com](https://www.coramhc.com)



Giving medications through your feeding tube

Most medications can be taken through your feeding tube instead of by mouth. This is easier for some people. Check with your doctor or pharmacist to see if your medications are available in liquid form. Many medications are only available as tablets or capsules, so they will need to be crushed and mixed with water before you can give them through the feeding tube. It is very important to always check with your doctor and pharmacist first, as there are certain medications that should not be crushed, or should not be taken through a feeding tube.

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Tablet

Make sure tablet medications are crushed into a fine powder and dissolved in a small amount of water. Many people use pill crushers or mortar and pestle for best results.



Capsule

If your doctor or pharmacist has told you it is acceptable, open the capsule and dissolve the powder with enough lukewarm water to make a liquid (10 to 30 mL for adults; 5 mL, or as prescribed, for children).



Liquid

You may add a small amount of water to your liquid medication for easier administration through your tube.

Giving medications through your feeding tube

1. Do not add medication directly to your tube feeding formula.
2. Do not mix medications together before putting them through your tube.
3. Give each medication separately.
4. Always rinse your syringe before administering a new medication.
5. Before giving a medication, stop the tube feeding and flush the tube with at least 15 mL of water.
6. After the medication has been given, flush your tube with at least 15 mL of water.
7. Repeat the above steps with each medication.
8. Restart your tube feeding after all of your medications have been administered.

To avoid clogging your feeding tube, remember to flush the feeding tube before and after administering each medication.

Check with your doctor or pharmacist on the following:

- If your tube feeding needs to be held for a longer time period before or after taking medication.
- If you should receive medications on a full or empty stomach.
- If your medications will be effective if administered via a J-tube. (Some medications may not work properly if they are going directly into the stomach.)
- How to properly administer time-release medications. These should not be crushed (tablets) or opened and contents dissolved (capsules). Ask your doctor or pharmacist about alternatives that can go through your feeding tube.

Steps for success when tube feeding at home

Understanding and keeping in mind some basics of tube feeding, and monitoring your progress, will help you be as successful as possible.

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Important tips and terminology

Formula

Liquid formula contains all the necessary nutrients needed for proper development and growth of children, and adequate nutrition in adults. Many kinds of liquid formulas are available. Your doctor and/or Coram Dietitian will decide which formula is best for you or your loved one.

The word “formula” can be used to describe expressed breast milk, infant formula, pediatric and adult formulas, or special additives called modulars. The formula may be liquid and come in a container so it is “ready to feed,” or as a powder or liquid concentrate that will require mixing with water.

When using a powdered formula, only make up enough for a 24-hour period. Refrigerate any unused formula.

If have any questions about your powdered formula mixing instructions, call your Coram Dietitian.

Formula hang time

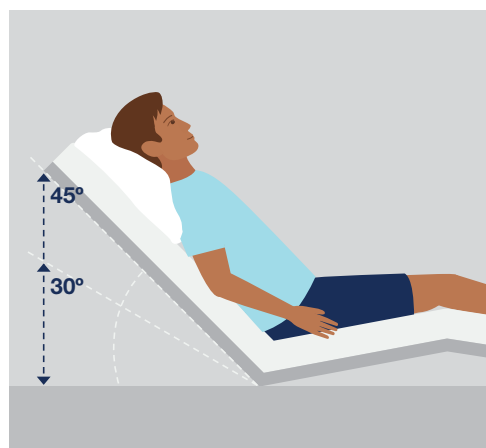
This refers to the amount of time a formula or breast milk can safely “hang” in the feeding bag. The hang time recommendation for home use is 12 hours for liquid formula that comes packaged in a container. For powdered formula mixed with water or breast milk, the recommendation is to hang for no more than four hours. Homemade blenderized tube feeding is generally not compatible with enteral feeding pumps. It is recommended that the hang time is two hours or less if it is used. For commercially prepared BTF, follow the hang time recommendations of the manufacturer.

Feeding plan

Some individuals receive all their nutrition through tube feedings. Others get tube feeding to supplement oral intake. Your doctor will inform you if you or your loved one can eat or drink by mouth. Your tube feeding schedule and plan may adjust from time to time as your weight and nutrition needs change. Contact your Coram Dietitian for any help in adjusting your tube feeding plan.

Proper positioning during feeding

Proper positioning during tube feeding promotes digestion and helps prevent reflux. For patients who can do so, the recommendation is to sit upright in a chair or on the couch. For patients who receive tube feeding while sleeping or lying in bed, it is suggested that the head of the bed be elevated 30 to 45 degrees (unless otherwise specified by your doctor). This helps prevent pneumonia and aspiration, which occurs if formula enters the lungs.



Formula safety and storage

- Store your supplies and formula in a cool, dry place, such as a pantry or basement.
- Check the expiration date on the formula.
- **Do not** mix new formula with formula that has been hanging.
- Cover unused formula and store in the refrigerator.
- Discard unused prepared formula after 24 hours.
- Put no more than four hours of reconstituted formula or breast milk in a feeding bag at one time.
- Put no more than 12 hours of ready-to-feed formula in a feeding bag at one time.
- If the formula has an unusual smell, color or appearance, do not use.
Contact Coram to report the concern.

Monitoring your progress and maintaining good health

Your prescription will help you meet your nutrition goals. However, it is important that you monitor your progress toward these goals and talk with your Coram Dietitian and doctor about any concerns. You will need to take in enough calories and protein to meet your individual nutrition needs. Working closely with your Coram Dietitian, your doctor and/or nurse is very important. They will be able to help provide guidance on the best formula for you to use and how much you will need to take on a daily basis. If you have questions about this, contact Coram's team of Registered Dietitians at **1-877-936-6874**.

Things you can do:

- Weigh yourself at least weekly until your weight is stable. Report your progress to your Coram Dietitian and/or doctor.
- Maintain adequate hydration. Tube feeding formula contains water, but generally does not meet all of your fluid needs. Checking for adequate hydration is important. Typically, the color of urine should be pale yellow and not have a strong smell. However, medications may affect both of these. Talk to your doctor and/or Coram Dietitian about how to monitor for adequate hydration, and how much additional fluid you will need each day.
- Check your tube site daily for leaking, irritation, redness or abnormal skin growth at the stoma. If you notice any of these complications, contact your doctor and/or Coram Dietitian for guidance and troubleshooting.
- Maintain good mouth and dental care. This will help prevent damage to the teeth and gums and help maintain overall health.
 - Brush teeth twice a day with a soft toothbrush.
 - Wipe the inside of the mouth with a damp washcloth.
 - If your lips get dry, use a lip balm to moisten them.
Ask your dentist what product he or she recommends.

Infection prevention

Proper handwashing technique

It is important to wash your hands properly to help prevent infection.

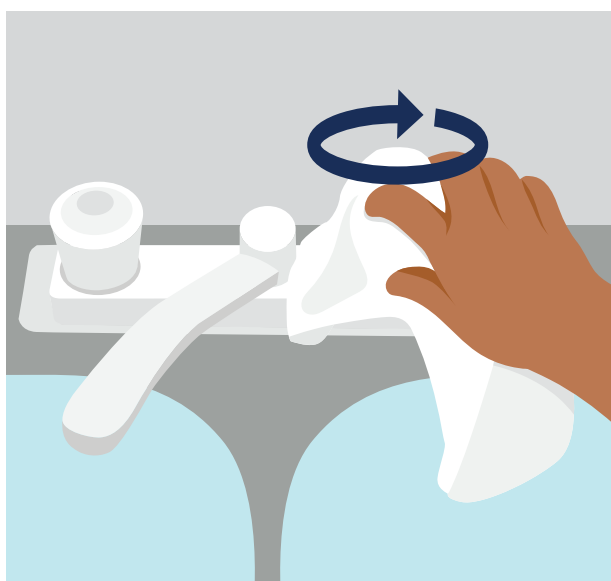
Make sure you clean your hands:

- Before and after you work with your feeding tube, medication and other supplies
- After using the restroom
- After blowing your nose, or after covering your mouth and nose to cough or sneeze
- Additionally as needed, if they become soiled

Wash your hands with soap and water, and dry them thoroughly with a paper towel.

For best results, use a liquid soap rather than a bar soap, and follow these instructions:

1. Turn on the sink tap and wet your hands and wrists under warm running water. Leave the tap on.
2. Apply enough liquid soap to cover all hand surfaces. Rub hands together, palm to palm, covering all surfaces of both hands, all fingers and your thumbs. Rub the soap in between your fingers and on top of your hands. Use a nail brush if needed. Scrub thoroughly for at least 20 seconds, or as long as singing “Happy Birthday” twice.
3. Rinse your hands to remove all soap and dry them thoroughly. Dry them with a paper towel or clean (unused) hand towel.
4. After drying your hands, use the same towel to turn off the faucet. Do not touch the faucet directly with your clean hands.
5. Once your hands are clean, make sure they do not come in contact with unclean surfaces. If you cough, sneeze or pick up something from the floor, you will need to rewash your hands before continuing.



Use an alcohol-based hand sanitizer if you don't have immediate access to soap and water:

1. Apply a quarter-sized amount of hand gel into one palm.
2. Spread the gel between your hands and around all fingers.
3. Rub hands together vigorously.
4. Keep rubbing hands together until they are dry and all gel has been absorbed.

Covering Your Cough and/or Sneeze

Covering your cough and/or sneeze helps prevent germs from entering the air space shared by your family and friends. Ideally, use a tissue. Cough or sneeze into your elbow to avoid spreading germs onto your hands if a tissue is not available.

- Place used tissues in trash cans.
- Wash your hands after you cough, sneeze or handle used tissues.

Troubleshooting guide

Like any medical therapy, people may respond differently to certain formulas and feeding methods. Problems may arise. However, they may be avoided or resolved by taking precautions and making adjustments to your feeding regimen.

Troubleshooting Guide

| Problem | Probable Causes | Possible Solutions |
|--|--|---|
| Abdominal Distention | <ul style="list-style-type: none"> • Constipation • Gas • Large feeding volume in a short amount of time • Intolerance of formula | <ul style="list-style-type: none"> • Vent the tube to relieve gas • Slow down feeding or spread volume out over more feedings • Call your Coram Dietitian to discuss options |
| Aspiration/Reflux | <ul style="list-style-type: none"> • Large feeding volume in a short amount of time • Incorrect positioning (e.g., lying flat) • Medications | <ul style="list-style-type: none"> • Ensure proper feeding tube placement • Ensure proper positioning • Slow down feeding or spread volume out over more feedings |
| Clogged Feeding Tubes Feeding tubes can become clogged from time to time. This causes a delay in feeding and may result in a visit to your doctor if you are unable to resolve it at home. | <ul style="list-style-type: none"> • Bend or kink in feeding tube • Inadequate or inconsistent flushing of the feeding tube • Thick formulas • Medications | <ul style="list-style-type: none"> • You may call your Coram Dietitian for support in unclogging your tube at 1-877-936-6874 • Be sure the tube is not kinked • Flush your tube before and after each feeding, and before and after administering medication • Follow directions for properly administering medications through the tube • Never put any object into the tube • Attempt to loosen the clog by gently flushing warm water (amount as prescribed) into the tube with the syringe. Let it sit for 10 minutes, and then gently pull the plunger to withdraw water from the tube. Repeat these steps several times. If the clog remains, call your doctor or visiting nurse. If these resources are not available, go to the nearest emergency room for assistance |
| Constipation | <ul style="list-style-type: none"> • Lack of fluids • Medication, especially for pain • Inadequate fiber content or type • Lack of physical activity | <ul style="list-style-type: none"> • Take your prescribed amount of water daily. Each person has a need for water each day in addition to the formula. If you are not sure how much water you need, contact your doctor or Coram Dietitian • Increase your activity, if permitted • Adjust or change medications (check with doctor or pharmacist) • Talk to your doctor or Coram Dietitian about the fiber content of your tube feeding formula |

Troubleshooting Guide

| Problem | Probable Causes | Possible Solutions |
|--|---|---|
| Dehydration | <ul style="list-style-type: none"> • Too little water • Frequent diarrhea • Fever • Formula that is too concentrated • A wound that is draining a large amount of fluid • A sustained warm and/or dry environment (e.g., heat wave, living at elevation, etc.) | <ul style="list-style-type: none"> • Take your prescribed amount of water each day. If you are not sure how much water you need, contact your doctor and/or Coram Dietitian for help • Take additional water if you have prolonged diarrhea, fever or a draining wound. Consult with your doctor and/or Coram Dietitian |
| Diarrhea After starting your tube feedings, your stool consistency may change from what you are used to. This may not necessarily be diarrhea. Diarrhea refers to frequent, loose and watery stools. | <ul style="list-style-type: none"> • Medications, including some antibiotics and liquid medications containing sorbitol • Large feeding volume in a short amount of time • Feeding formula that is too cold • Formula that is too concentrated • Malabsorption • Bacteria contaminating the formula • Lack of fiber in the formula | <ul style="list-style-type: none"> • If using a syringe or gravity feeding, reduce the amount of formula given at one time, or give the amount of formula more slowly • If using a feeding pump, work with your Coram Dietitian to reduce the rate of formula infusion • Infuse formula that is at room temperature • Do not exceed the recommended hang time • Work with your Coram Dietitian to adjust feeding schedule and formula • Work with your doctor or pharmacist to adjust or change medications |

Troubleshooting Guide

| Problem | Probable Causes | Possible Solutions |
|--|---|---|
| <p>Formula Leaking Around the Feeding Tube</p> <p>If you see some leakage of formula around the tube site, this needs to be resolved. Your nurse or doctor may need to look at it. Until the leaking is resolved, it is important to protect the skin around the tube site from excessive moisture exposure. Check with your Coram Dietitian and/or doctor on how to do that.</p> | <ul style="list-style-type: none"> • Improper size of tube (low-profile/button) • Tube is not securely fitted with the external bolster • Balloon volume on tube is insufficient (for balloon gastrostomy) • Balloon rupture • Enlarged stoma tract • Stomach too full, or delayed gastric emptying | <ul style="list-style-type: none"> • Check the placement of the external bolster on the tube • Have the balloon fill volume on your tube checked (for balloon gastrostomy) • Slow the feeding rate or reduce the volume of the feeding |
| <p>Skin Irritation or Bleeding Around the Tube</p> | <ul style="list-style-type: none"> • Granulation tissue where the tube enters the body • Leakage of stomach contents • Infection • Pressure: a bolster that is too tight • Infrequent cleaning | <ul style="list-style-type: none"> • Use a mild, fragrance-free soap • Clean around the tube with soap and water, and dry, on a daily basis • Address any identified infection • Ensure your tube is properly fitted • Check to see if bumper or external disc is too tight • Contact your doctor if long-term dressing is required • For leaky tube sites, apply skin barrier cream as directed by doctor |

Troubleshooting Guide

| Problem | Probable Causes | Possible Solutions |
|---|--|--|
| Stomach Upset Just as people eating regular food sometimes experience symptoms of nausea, vomiting, bloating, belching and/or general stomach upset, it is possible to experience these when home tube feeding. | <ul style="list-style-type: none"> • Large feeding volume in a short amount of time • Feeding rate that is too high • Formula that is too concentrated • Feeding formula that is too cold • Medication side effect • Constipation • Incorrect positioning during or immediately after feeding – see <i>Proper Positioning During Feeding</i> on page 39 • Dislodged tube • Formula was opened and sitting at room temperature, or in feeding bag beyond the recommended hang time. See Formula Hang time on pg 39. • Formula was opened and sitting in the refrigerator for more than 24 hours | <ul style="list-style-type: none"> • Check the tube placement • Adjust or change medication (consult your doctor or pharmacist) • Make sure feeding formula is not cold • If your feeding rate is too high, try reducing the rate to the last comfortably tolerated rate • Try to rest an hour or so after the feedings, and avoid exercise after the feeding session • Sit upright in a chair or on the couch when feeding; do not lie flat. Always make sure your head is raised 30 degrees, even if you are in bed • Syringe feeding: If you feel bloated at the time of feeding, wait an hour before giving your next feeding. You may also need to decrease the feeding volume and/or slow down the feed. Contact your Coram Dietitian for assistance. • Gravity feeding: Use the roller clamp on the feeding bag to slow down the feeding rate • Pump feeding: You may need to decrease the feeding rate. Contact your doctor or Coram Dietitian for assistance • Make sure you discard any unused open formula after 24 hours in the refrigerator • Do not allow the tube feeding formula to hang for more than the recommended time • Infuse all of the formula in the feeding bag before adding more formula. Rinse the bag with lukewarm water once all formula has infused. Then add the fresh formula • Review bowel regimen with your doctor |

Troubleshooting Guide

| Problem | Probable Causes | Possible Solutions |
|----------------------------|---|--|
| Tube Site Infection | <ul style="list-style-type: none"> • The feeding tube site has not been cleaned • Failure to wash hands before touching the tube site • An external bolster that is placed too tightly • A tube site that is leaking and dressing that is wet all the time (this can lead to a yeast infection) • Untreated hypergranulation or abnormal growth of tissue at the stoma site that goes untreated, bleeds frequently or generates a lot of sticky/goosey substance | <ul style="list-style-type: none"> • Wash your hands thoroughly before preparing formula or coming in to contact with the tubing. Refer to the proper handwashing technique on page 41 • Clean the tube site daily with soap and warm water • Address any hypergranulation or abnormal growth identified at the tube site. Contact your Coram Dietitian for help • Address any abnormal leaking or discharge at the stoma site. Contact your Coram Dietitian for help • Make sure your tube and/or bolster is fitted properly |

Managing your supplies

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Initial delivery

Your initial delivery of supplies to your home will vary depending on your specific needs, but may include a feeding pump and pole, formula and other supplies. Your first delivery will be enough for ten days. The rest of your first month's supplies will be shipped to your home shortly thereafter by a delivery service.

Sales, service and rental agreement/ Assignment of Benefits (AOB) Form

You will receive a Sales, Service and Rental Agreement with your initial delivery. This form authorizes Coram to bill your insurance provider. It also shows that you agree to receive the services as prescribed by your doctor. Please sign and date this agreement, and email or mail it to Coram as soon as possible.

Refills and clinical follow up

For your monthly refills, you will need to place an order at least five to seven days prior to running out of formula and/or supplies. You can place a monthly refill order online at **CoramHC.com** or by calling Coram at **1-877-936-6874**. We will then arrange your monthly delivery of supplies to your home. Please have your insurance information ready when you place an order online or call us for reverification purposes.

If you receive an automated refill reminder call, the number on Caller ID will be **1-877-936-6874**. Accepting this call will allow you to connect with a Coram refill representative, who will arrange monthly delivery of supplies to your home.

If you opted in to email reminders, the email address will be:
CoramCustomerService@CVSHealth.com.

Be on the lookout for these reminders to help ensure your refill order is on the way before you run out of your formula or supplies. During the ordering process, you will be asked questions about your current health status and how things are going with your home tube feedings. These questions may take a few minutes to answer. Remember that these questions are very important for the proper management of your care.

Inspect all your deliveries upon arrival. Contact a nutrition support team member with any questions at 1-877-936-6874.

Delivery of supplies

Your initial delivery may arrive by courier or delivery service. The remainder of your first month's supply as well as your monthly refills will arrive by a delivery service. If you have any concerns about a delivery you have received, please call Coram immediately.

How you can help

Although we will make every effort to contact you, we encourage you to call us when you have five to seven business days of formula and supplies. This will help prevent you from running out of supplies.

Pumps

Your therapy may require the use of an electronic feeding pump. This pump is an expensive and delicate piece of equipment. You will be asked to keep track of it during your therapy.

Pumps require periodic testing and maintenance. Coram may need to exchange your existing pump in order to do this. If at any time you have a question or concern related to your feeding pump, please contact Coram.

Contact Coram when you are done with your tube feeding therapy. You will be provided with a pre-paid shipping box to place your pump in at the end of your therapy. You will use this box to return your feeding pump.

Lifestyle considerations

Coram is committed to helping you on your path to better health and resuming activities that are important to you.

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Bathing and swimming

You may keep up with routine bathing habits. In fact, some patients clean their tube site daily while showering. In most cases, it is safe to swim with a feeding tube. Complete your tube site care and cleaning routine after swimming to help prevent infection.

Entertainment and exercise

As you start to feel better, you may slowly return to your favorite pastimes and activities you like to do with friends and family. Make sure to check with your doctor first. Your level of energy may change from day to day. Check with your doctor before any strenuous exercise.

Remember to always be careful with your feeding tube. Try not to pull or apply any pressure to it. If you need help identifying techniques to stabilize or secure your feeding tube, a Coram dietitian can help you find the best device for your particular feeding tube.

Travel

We can help you with important travel details, such as how to plan and pack for your trip. It is important that you not only inform your doctor of your desire to travel, but also let your Coram team know two weeks in advance of your trip, when possible. If you are flying to your travel destination, you should contact TSA Cares hotline at **1-855-787-2227** to inform them of your medical needs and request assistance at the screening checkpoint. This will make it easier for you to go through airport screening.

With advanced notice, your Coram Enteral Refill team can coordinate your monthly shipments to the address you are traveling to, if your travel destination is within the continental US or Hawaii. If you plan to travel out of the country, let Coram know at least one month before you leave so we can help you address how you can safely travel with your formula and supplies.

For more helpful travel resources, visit **coramhc.com**.

Home safety considerations

An important part of taking care of your health is making sure that your home environment is safe for you and your caregivers. Knowing how to operate and care for any medical devices you use, as well as taking steps to avoid fires or falls, can help prevent accidents or emergencies.

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Oxygen safety¹

- **Never smoke or allow others to smoke** near where oxygen is stored or being used. Speak to your oxygen company about getting “no smoking” signs for your home.
- Keep oxygen canisters at least five to 10 feet away from any heat source or open flame. This includes heaters, gas stoves, fireplaces, wood-burning stoves, candles, etc. Keep oxygen away from things that can cause a spark like electric heaters, blankets and hair dryers.
- Make sure tanks stand upright. Hold them in place using an approved holder/cart provided by your oxygen company. You may lay oxygen tanks on the floor if you do not have a way to secure them upright.
- Do not use extension cords or multi-outlet adaptors, such as power strips, near your oxygen.
- Know how your oxygen equipment works.
- Check the amount of oxygen that is in your tank on a routine basis. Let your oxygen company know if you are running low on oxygen.
- In case of a power outage, let your utility/power company know that you have oxygen and need it.
- Avoid storing your oxygen tanks in an area exposed to the sun.
- Do not use oil- or petroleum-based products while using oxygen — use water-based lotions and products.
- Keep the phone number for your oxygen and equipment company nearby in case something breaks or you need to order more oxygen.
- Do not change your oxygen dosage unless your doctor tells you to change it.
- Turn your oxygen off when you are not using it.

Fire safety²

- Have a smoke detector/alarm on each floor of your home, preferably in all bedrooms.
- Check the smoke detectors/alarms each month and make sure they work. Change the batteries if not working. Check with your local fire department for help if you need smoke detectors/alarms.
- Never smoke or allow others to smoke near where oxygen is stored or being used.
- Keep matches and lighters out of children’s reach and sight.
- Do not smoke if you are drowsy, have taken pain medication or are resting in bed.
- Plan your escape route from different places in your home. Have a designated spot where everyone will meet after getting out of the house.
- Keep a fire extinguisher (in good working order) in the kitchen and any other area where a fire could happen (e.g., basement).
- If someone is on fire: Stop, drop and roll.
- If there is a fire in your home, first get everyone out. Then call 911 or the fire department right away, once out of the house and safe.

Fall prevention³

- Consider these potential risks for falls. Talk to your doctor or nurse if you have any of these:
 - Problems with balance, leg weakness or dizziness — Can you stand or walk without losing your balance or becoming unsteady on your feet? Do you need to hold onto furniture or walls when walking? Are your legs or feet feeling numb?
 - Vision issues—Do you have any problems seeing things clearly?
 - Medications—Are you taking any medications that make you sleepy, “shaky” on your feet, weak, dizzy or dehydrated?
 - Other conditions—Do you have any other illnesses or conditions that make you weak or at risk for falling (e.g., needing to go to the bathroom quickly)?
- Use a cane or walker if you have any of the above conditions.
- Talk to your doctor if you need help.
- Make sure you have rails to hold onto when going up and down stairs.
- Have grab bars in the bathroom near the toilet and shower/bath.
- Remove clutter from walking areas around your home.
- Make sure the pathway between your bed and other resting areas and to bathrooms is clear and well lit.
- Increase lighting throughout your house, especially at the top and bottom of your stairs. Use nightlights to keep paths visible.
- Secure or remove throw rugs.
- Cover or remove sharp corners along your bed, hallways and other pathways.
- Keep all cords out of walking pathways.
- Walk carefully around pets to prevent tripping.
- Let your doctor and Coram nurse know if you have fallen.

Frequently Asked Questions

It is common to feel overwhelmed when you or a loved one has a feeding tube. Your doctor and nurses can help answer specific questions about how to take care of your new feeding tube. Check with your Coram Dietitian for general nutrition-related questions, such as “What is the best formula to use?” or “How much formula do I need each day?”

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Frequently Asked Questions

When should I call my doctor?

If a life-threatening emergency should occur during the course of your therapy, call 911 immediately. Coram is not an emergency care provider.

You should call your doctor if you are experiencing:

- Pain with feeding
- Abdominal distention
- Bleeding at the tube site that is not related to hypergranulation
- Concern that the feeding tube is not in the right place
- Blood in the stool
- Severe vomiting
- Coughing or choking during tube feeding
- Fever
- Signs of severe dehydration, including low urine output
- Nausea or heartburn that does not resolve with feeding adjustments
- Chronic constipation or diarrhea that does not resolve with feeding or fluid adjustments

If the situation is not life-threatening, your Coram Dietitian can assist with the following:

- Inability to flush your feeding tube
- Diarrhea
- Constipation
- Nausea, occasional vomiting, heartburn
- Unwanted weight loss or gain
- Swelling, redness or drainage from the tube feeding site
- Any unusual occurrence that would cause feeding to be discontinued for more than 24 hours

What information do I need for my child's school?

If your child attends school and requires a tube feeding during the day, the school nurse will need some basic information about your child's feeding tube, equipment and feeding schedule. The school will need instruction forms completed by you, and signed by either your primary care doctor or surgeon. Your Coram Dietitian or refill representative can email or fax you a School Tube Feeding Plan form for your use, if needed. You may also want to discuss this with the school nurse, and determine if your school district requires a specialized form.

Who do I call with specific nutrition questions?

Coram specializes in caring for patients who require home tube feeding. A team of Registered Dietitians, are available to answer your questions. You can reach Coram at **1-877-936-6874** during business hours, or for any urgent questions outside of business hours.

Where can I get formula and other supplies for home tube feeding?

Contact Coram at **1-877-936-6874** for formula or other supplies.

Are formula and other tube feeding supplies covered by insurance?

In most instances, insurance will cover the cost of formula and supplies for home tube feedings. However, coverage will vary depending on your insurance plan and the details of your tube feeding benefit. Coram will contact your insurance company and determine if supplies and formula are a covered benefit for you. Coram also will determine your share of the cost (i.e., copay** and/or deductibles), and will inform you of these details.

What additional resources are available to learn more about home tube feeding?

- The Oley Foundation | www.oley.org
- Feeding Tube Awareness Foundation | www.feedingtubeawareness.org
- American Cancer Society | www.cancer.org
- Nestlé Health Care Nutrition Store | www.nestlenutritionstore.com
- The Oral Cancer Foundation | www.oralcancerfoundation.org

Feedback on Our Services

Coram is among America's most experienced and respected providers of home tube feeding services. Our patient satisfaction scores are consistently high, and our goal is to ensure your satisfaction. To voice a concern or provide any feedback, contact us through one of the following:

- Phone: Coram nutrition support, **1-877-936-6874**
- Online: **Coramhc.com**

You will likely receive a Coram Patient Satisfaction Survey. We hope that you will take a few minutes to complete and return the survey to us. The postage is prepaid by Coram.

How to Contact Coram

Call Coram nutrition support at **1-877-936-6874** for:

1. Monthly resupply
2. Customer service
3. Billing questions and insurance changes
4. Questions for a Coram Dietitian, including:
 - How to clear a clogged feeding tube
 - Pump troubleshooting
 - Taking in the amount of formula prescribed
 - Managing nausea, vomiting, diarrhea, constipation or other side effects
 - How to make adjustments to your feeding regimen

If a life-threatening emergency should occur during the course of your therapy, call 911 immediately. Coram is not an emergency care provider.

Glossary

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Feeding Tube Port: Refers to the opening at the end of the feeding tube where a syringe or a feeding set adaptor can be connected. There is usually a cover that fits on the port when the tube is not being used.

Tube Feedings: Feeding of formula or breast milk through a tube into the stomach or intestinal tract.

Anatomical Terms

Esophagus: A muscular tube where food and liquid move from the mouth to the stomach. Sometimes referred to as the swallowing tube.

Gastric: Relating to the stomach.

Jejunum: Second or middle portion of the small intestine.

Types of Feeding Tubes

All feeding tubes can provide a route for formula, breast milk, water and medications.

Gastrostomy tube (G-tube): A tube that is placed directly into the stomach through an opening in the abdominal wall called a stoma. This tube can be placed surgically, with an endoscope or with x-ray guidance.

Jejunostomy tube (J-tube): A tube is placed directly into the jejunum or small intestine and passes through an opening in the abdominal wall. J-tubes are usually placed surgically or in interventional radiology.

Low-profile feeding device: A skin-level feeding tube is referred to as a “button” because that is what it resembles. It is a small, round device that sits close to the skin’s surface and has a small opening. Usually, extension sets are connected to a button, which provides a port to deliver food (formula), water and medicine. Extension tubes (often called extension sets) can be attached for feeding and then removed afterward.

Two common types of buttons are available: non-balloon and balloon. Most button tubes will either have a soft plastic internal bolster (non-balloon), or a soft silicone balloon that is filled with water and rests snugly on the inside of the stomach (balloon). This is what holds the tube in place from inside the stomach.

Nasogastric tube (NG tube): A soft flexible tube that is inserted through the nose, passes down the esophagus and enters the stomach.

Nasojejunal tube (NJ tube): A soft flexible tube that is inserted through the nose, passes down the esophagus, through the stomach, and into the small intestinal tract. This tube is usually placed with x-ray guidance and by a radiologist.

Methods of Placement

Endoscopic placement: An endoscope is used to place a tube through the skin (percutaneously). This procedure is commonly referred to as a percutaneous endoscopic gastrostomy (PEG) and is performed by a gastroenterologist.

Surgically placed gastrostomy tube: A tube is placed by making an incision in the abdominal wall, creating a tract or opening from the skin to the stomach and securing the tube in the stomach. The stomach tract or opening is called a stoma. This procedure is performed by a surgeon.

X-ray guidance: A feeding tube is placed with the use of x-ray equipment to help guide the tube into the right position. A radiologist usually places these tubes.

Types of Feeding

Bolus feeding: A specific amount of liquid food or formula is given over a short period of time by way of a feeding tube. A syringe is usually used to give a bolus feeding.

Gravity feeding: The formula is placed in a feeding bag and hung on an IV pole. The natural forces of gravity will infuse the formula into the feeding tube.

Pump feeding: Formula is infused at a controlled rate over a specified period of time. A feeding pump is programmed to infuse or push formula through the feeding tube at a prescribed rate measured in mL/hour.

Home Tube Feeding Supplies and Equipment

Enteral-only or enteral-safe: Designation that identifies that equipment (e.g., syringes or feeding tubes, etc.) are safe for enteral feeding, and that the use of these products will help minimize risk and possible misconnections.

Extension sets: Small tubes that can be attached to a low-profile feeding device or button. Two common types exist. The right-angle extension set is used for continuous tube feeding. The straight, or bolus, extension set is used for bolus or syringe feeding, and medication administration. Both types can be attached to the button during feeding and then removed. It is important to clean the extension set after each use and to use a new one each week. There are also extension sets for standard G, J or naso tubes that provide additional length to the feeding tube.

Feeding pumps: An electronic machine that can be programmed to deliver a specific amount of formula or breast milk per hour. Feeding pumps are placed on an IV pole, but some types are small enough to be placed into a backpack. This type of pump has an internal battery and can be taken to work or school.

Feeding set or feeding bag: A plastic bag with tubing attached that has a hard plastic tip or adaptor at the end. This adaptor is inserted into the opening of a feeding tube. Formula can be placed in the bag for feeding.

Feeding sets are manufactured to work with a specific feeding pump.

Formula: Nutritionally complete “liquid food” that is commercially prepared. It can come in liquid or powder and can meet all the nutritional requirements of an individual if the correct amount is given each day.

French: Unit of measure describing the external diameter of a tube, such as a feeding tube. Often abbreviated Fr or F. One French unit = approximately 0.33 mm. With the exception of infant products, most feeding tubes will appear as even numbers. For instance, a 6 Fr nasogastric tube has a smaller external diameter than a 12 Fr nasogastric tube. This affects the type of formula used, the feeding rate (if pump-fed) or chance of clogging.

Syringe: Device with a hollow tube that has a tip, and a plunger that fits into the hollow tube. Syringes are used to infuse formula, water and medication down a feeding tube. Syringes come in different sizes and have a variety of shaped tips at the end of the hollow tube.

- Common sizes: 5 mL, 10 mL, 20 mL, 30 mL, 60 mL
- Common tip shapes:
 - a. Catheter tip: Has a tapered end; fits into most legacy feeding tubes
 - b. Slip tip: Small tip that easily fits into small tube openings; fits well into NG tubes
 - c. Oral tip: Similar to slip tip, but with slightly wider tip. Used with certain NG tubes and to dispense oral medication. Incompatible with IV access ports.
 - d. ENFit tip: Has an enteral-only tip connection that is not compatible with IV access ports or legacy tubes. ENFit syringes only connect to ENFit tubes.



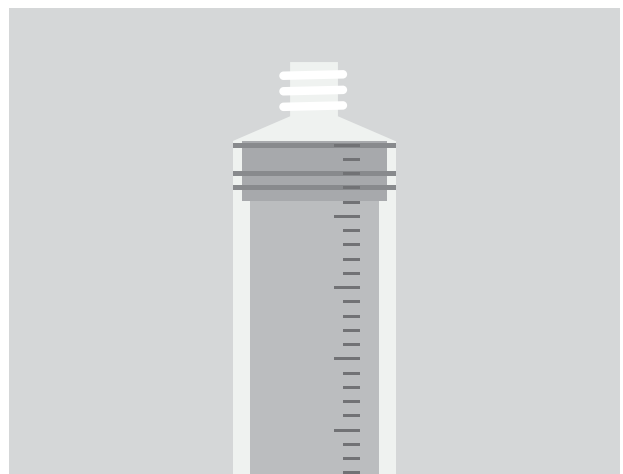
Catheter Tip Syringe



Slip Tip Syringe



Oral Tip Syringe



ENFit Tip Syringe

Converting between Metric and U.S. Systems

- 5 milliliters equals about 1 teaspoon
- 15 milliliters equals about 1 tablespoon
- 30 milliliters equals about 1 fluid ounce
- 240 milliliters equals about 1 cup
- 1 liter equals about 1 quart

Medical Specialists

Gastroenterologist: A doctor who specializes in the care of people who have diseases or conditions of the stomach, intestines, liver and pancreas.

Radiologist: A doctor with advanced training in diagnosing and treating diseases and injuries using medical imaging techniques, including x-rays.

Surgeon: A doctor who specializes in performing operations.

The information provided in this booklet is of a general nature and should not replace any medical advice from your health care professional or the manufacturer's product information, directions for use or warnings.

Notices and Forms

Any signed form will become part of your medical and financial file.

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Notices and Forms

Notice of Privacy Practices (NOPP)

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully, and ask your Coram team if you have any questions.

Patient Rights and Responsibilities

Please read this document carefully, and ask your Coram team if you have any questions.

Medicare Prescription Drug Coverage and Your Rights

If you are on a Medicare drug plan, this form will explain steps you can take if you have questions about your coverage.

CMS Medicare DMEPOS Supplier Standards

This form explains the standards that medical suppliers must follow to comply with Medicare laws.

Nondiscrimination and Accessibility Notice (ACA § 1557)

Please read this document carefully, and contact your Coram team if you have any questions.

Notice of privacy practices (NOPP)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully

This Notice of Privacy Practices (the “Notice”) describes the privacy practices of Coram LLC (“Coram”) and the members of its Affiliated Covered Entity (“CVS Provider ACE”). An Affiliated Covered Entity is a group of Covered Entities under common ownership or control that designates itself as a single Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The members of the CVS Provider ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment and health care operations of the CVS Provider ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the CVS Provider ACE, please contact the CVS Health Privacy Office.

PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions, and prescriptions. It may relate to your past, present or future physical or mental health or condition the provision or health care products and services to you, or payment for such products or services.

We are required by law to protect the privacy of your PHI and to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI. This Notice describes how we may use and disclose your PHI.

We have provided you with examples; however, not every permissible use or disclosure will be listed in this Notice. PHI disclosed as permitted by HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI.

We and our employees and workforce members are required to follow the terms of this Notice or any change to it that is in effect.

Uses and disclosures of your PHI for treatment, payment, and health care operations

We may use and disclose your PHI for treatment, payment and health care operations without your written authorization. The following categories describe and provide some examples of the different ways that may use and disclose your PHI for these purposes:

Treatment: We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive. For example, we may:

- Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at Coram.

- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals or other health care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.
- Contact you to provide treatment-related services, such as refill reminders, adherence communications or treatment alternatives (e.g., available generic products).

Payment: We may use and disclose your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescriptions dispensed to you at Coram or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

Health care operations: We may use and disclose your PHI for health care operations — those activities necessary to operate our health care business. For example, we may:

- Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for Coram patients.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.
- Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

Other uses and disclosures of your PHI that do not require authorization

We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

Business associates: We may disclose your PHI to a friend, personal representative, family member or any other person you identify as a caregiver, who is involved in your care, or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by Coram. Upon your death, we may disclose your PHI to an administrator, executor or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Individuals involved in your care or payment for your care: We may disclose your PHI to a friend, personal representative, family member, or any other person you identify as a caregiver who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by CVS Health. Upon your death, we may disclose your PHI to an administrator, executor or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Workers' compensation: We may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.

Law enforcement: We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant or other similar written request from law enforcement officials.

Required by law: We will disclose your PHI when required to do so to comply with federal, state or local law.

Judicial and administrative proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process

Public health and safety purposes: We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

Health oversight activities: We may disclose your PHI to an oversight agency for certain activities including audits, investigations, inspections, licensure or disciplinary actions; or civil, administrative and criminal proceedings; and as necessary for oversight of the health care system, government programs or compliance with civil rights laws.

Research: Under certain circumstances, we may use or disclose your PHI for research purposes. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

Coroners, medical examiners and funeral directors: We may disclose PHI to coroners, medical directors, or funeral directors so that they can carry out their duties.

Organ or tissue donation: We may disclose your PHI to organ procurement organizations.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person responsible for your care regarding your location, general condition or death. We may also disclose your PHI to

disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition or death.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

Specialized government functions: We may disclose your PHI to authorized federal officials for the conduct of military, national security activities and other specialized government functions.

Uses or disclosures for purposes that require your authorization

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

Use or disclose your PHI for marketing purposes.

Sell your PHI to third parties (except for in connection with the transfer of a business to another health care provider required to comply with HIPAA).

Share psychotherapy notes (to the extent we have any). We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the CVS Health Privacy Office. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

Additional restrictions on use and disclosure

Some state and federal laws may require special privacy protections, including certain requirements to obtain attestations from requestors, that limited the use and disclosure of certain sensitive health information. Such laws may protect information related to:

- Alcohol or substance use disorder
- Biometric Information
- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDs
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law that is stricter (or more protective of your PHI), where it applies to us. If you would like additional information about additional use or disclosure restrictions that may apply to your sensitive PHI, please contact the CVS Health Privacy Office.

Your health information rights

Written requests and additional information: You may request additional information about CVS Health's privacy practices or obtain a form for submitting written requests by contacting the **CVS Health Privacy Officer**: by email at PrivacyOffice@CVSHealth.com, by mail at **CVS Health Privacy Office, One CVS Drive, Woonsocket RI 02895** or toll-free by telephone at **(833) 571-1784**. You can also visit coramhc.com/patient-authorization-form to obtain the form to submit written requests.

Obtain a copy of the notice: You have the right to obtain a paper copy of our current Notice at any time. You may do so by going to the site where you obtain health care services from us or by contacting the CVS Health Privacy Office.

Inspect and obtain a copy of your PHI: With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically. To inspect or obtain a copy of your PHI, submit a written request to the CVS Health Privacy Office. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

Request an amendment: If you feel that the PHI, we maintain about you is incomplete or incorrect, you may request that we amend it. For example, if your date of birth is incorrect, you may request that the information be corrected. To request an amendment, submit a written request to the CVS Health Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide with you a written explanation of why we denied it. **Receive an accounting of disclosures:** You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment or health care operations. Please note that certain other disclosures need not be included in the accounting we provide to you. To obtain an accounting, submit a written request to the CVS Health Privacy Office. We will provide one accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

Request confidential communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to the CVS Health Privacy Office. Your request must state how, where or when you would like to be contacted. We will accommodate all reasonable requests.

Request a restriction on certain uses and disclosures: You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the CVS Health Privacy Office. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out

payment or health care operations, is not otherwise required by law, and the PHI is related to a health care item or service for which you or a person on your behalf, has paid in full out-of-pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy.

Notification of breach: You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

To report a problem

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the CVS Health Privacy Officer or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint

Changes to this notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, Coram will provide a revised Notice to you. We will also post the revised Notice in our physical locations where we provide Coram services and on our website at <https://www.coramhc.com/notice-privacy-practices> and will make copies available at our facilities and locations where you receive health care products and services from us.

Effective date: This Notice is effective as of July 1, 2025.

About CVS Health

CVS Health® is the leading health solutions company, delivering care in ways no one else can. We reach more people and improve the health of communities across America through our local presence, digital channels and our nearly 300,000 dedicated colleagues – including more than 40,000 physicians, pharmacists, nurses, and nurse practitioners.

Wherever and whenever people need us, we help them with their health – whether that's managing chronic diseases, staying compliant with their medications, or accessing affordable health and wellness services in the most convenient ways. We help people navigate the health care system – and their personal health care – by improving access, lowering costs and being a trusted partner for every meaningful moment of health. And we do it all with heart, each day.

Please complete and detach the section below and return to the address noted

Please acknowledge your receipt of this notice by providing the following information and returning the bottom of this page to: NPP Acknowledgement, P.O. Box 52072, Phoenix, AZ 85072-2072

If multiple family members received a prescription with this order, please enter information for all family members below:

Names:

Address:

Dates of Birth:

Address:

I acknowledge receipt of this Notice of Privacy Practices from CVS Coram.

Signatures:

Date:

Patient rights and responsibilities

As a patient, you have the right to:

- Receive complete information about your rights and responsibilities
- Choose your healthcare provider and receive information on service or care limitations or of any financial benefits when referred to Coram
- Receive a timely response from Coram notifying you when products and services as prescribed by your physician, will begin
- Receive information about your condition, treatment, when and how services shall be provided before start of care, to allow you to give informed consent
- Considerate and respectful care regardless of race, religion, gender, gender identification, national origin, age, medical condition, sexual preference or payment source
- Receive information as to your eligibility for insurance reimbursement and your responsibility for any costs in advance of care provided
- Be actively involved in developing and participating in a plan of care that will meet your identified healthcare needs to the extent provided by law, as well as discuss any problems, changes or barriers in achieving goals
- Accept or refuse treatment to the extent permitted by law and to be informed of the consequences of such action, which may include termination of Coram services
- Decline participation, revoke consent or disenroll in the patient management program at any time

- Have your property and person treated with dignity by all Coram team members
- Be free from physical and mental abuse and/or neglect and speak with a health care professional
- Know the name, function, and qualifications of all personnel who provide healthcare services to you and the name of the person responsible for the coordination of your care
- Be informed of the identity and job title of the staff members of the pharmacy providing services to you and to speak to a supervisor of the staff member if requested
- Make decisions about advance directives and to be informed of Coram's policy to honor those decisions
- Express dissatisfaction with equipment, supplies or services provided by Coram without fear of reprisal
- The protection of your medical information from unauthorized use and disclosure, unless otherwise permitted or required by law
- Receive a Notice of Coram's Privacy Practices, which describes how medical information about you may be used and disclosed to carry out treatment, payment, or healthcare operations and for other purposes that are permitted by law
- Participate in discussions concerning ethical issues related to your care
- Receive an initial and ongoing assessment regarding the existence of pain, as well as a timely response to any symptoms of pain, with appropriate and adequate treatment by your healthcare team
- Complain, without being subject to discrimination or reprisal, to your state Department of Health if you are not satisfied with Coram's response to your concerns
- Receive information regarding our policies and procedures
- Be given reasonable notice regarding anticipated termination of services or plans to transfer to another provider and participate in that discharge or transfer process
- Examine, review, restrict, amend, and request a copy of your medical records; and to authorize another individual to examine, review, restrict, amend, and request a copy of your medical records
- Receive information and know about the philosophy and characteristics of the Coram patient management program

As a patient, you have the responsibility to:

- Remain under a physician's care while receiving services and notify Coram of any change of physicians
- Provide a Coram clinician with your complete, accurate health history and notify Coram of any changes in your medical condition
- Provide a safe home environment in which your care can be given
- Notify Coram of any change in address or phone number
- Sign the required consents and releases for insurance billing

- Provide Coram with all requested insurance and financial records. Coram is to be notified of any change in insurance coverage.
- Participate actively in your care by following the plan regarding administration of your prescribed medication, care of your catheter and monitoring of your health status, as instructed by a Coram clinician and prescribed by your physician
- Work with your healthcare team to identify the desired outcomes of your treatment
- Advise Coram if you are not willing to follow your established care plan/services and accept the consequences of any refusal of treatment or decision to disregard the agreed upon plan of care
- Treat Coram personnel with respect and consideration
- Advise Coram when you are unable to keep an appointment, when you are unavailable (out-of-town, on vacation, etc.) while on service and when you are admitted to a hospital
- Contact Coram if you acquire an infectious disease during the time you are receiving services, except where exempt by law
- Provide Coram with a copy of any written advance directives
- Advise Coram of any problems or dissatisfaction with our care without fear of discrimination or reprisal
- Notify your treating provider of your participating in the patient management program

Form I304-059 Exh A (Revised 01/14/25).

Customer and patient conduct standards

Everyone should expect a safe and caring environment.

Our Customer and Patient Code of Conduct helps us to meet this goal:

**We expect everyone to treat others with respect and dignity.
No threats. No abuse. No violence of any kind.**

Coram is committed to providing a welcoming environment that protects the safety and well-being of our customers, patients and colleagues.

Unacceptable behaviors may result in a ban from this or any other Coram location nationwide, and/or engagement of law enforcement.

Medicare prescription drug coverage and your rights

You have the right to ask for a coverage determination

Medicare drug plan to provide or pay for a drug you think should be covered, provided or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card or go to your plan’s website.

You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call **1-800-MEDICARE** (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call **1-877-486-2048**. For help contacting your plan, call **1-800-MEDICARE**.

To get this form in an accessible format (like large print, Braille or audio) contact your Medicare drug plan.

You also have the right to file a complaint if you feel you’ve been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call

1-800-MEDICARE (1-800-633-4227) for more information.

TTY users can call 1-877-486-2048.

OMB Approval No. 0938-0975
Form CMS -10147 (Expires 12/31/2027)

Centers for Medicare & Medicaid Services (CMS) Medicare Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) supplier standards

NOTE: This is an abbreviated version of the supplier standards every Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424, sec 424.57(c), and can also be found online at

[CoramHC.com/CMS-Medicare-DMEPOS-Supplier-Standards](https://www.coramhc.com/CMS-Medicare-DMEPOS-Supplier-Standards)

General rule. A DMEPOS supplier must meet the following conditions in order to be eligible to receive payment for a Medicare-covered item:

- The supplier has submitted a completed application to CMS to furnish Medicare-covered items including required enrollment forms. (The supplier must enroll separate physical locations it uses to furnish Medicare-covered DMEPOS, with the exception of locations that it uses solely as warehouses or repair facilities.)
- The item was furnished on or after the date CMS issued to the supplier a DMEPOS supplier number conveying billing privileges. (CMS issues only one supplier number for each location.) This requirement does not apply to items furnished incident to a physician's service.
- CMS has not revoked or excluded the DMEPOS supplier's privileges during the period which the item was furnished has not been revoked or excluded.
- A supplier that furnishes a drug used as a Medicare-covered supply with durable medical equipment or prosthetic devices must be licensed by the State to dispense drugs +(A supplier of drugs must bill and receive payment for the drug in its own name. A physician, who is enrolled as a DMEPOS supplier, may dispense, and bill for, drugs under this standard if authorized by the State as part of the physician's license.)
- The supplier has furnished to CMS all information or documentation required to process the claim.
- Application certification standards. The supplier must meet and must certify in its application for billing privileges that it meets and will continue to meet the following standards:
- Operates its business and furnishes Medicare-covered items in compliance with the following applicable laws:
- Federal regulatory requirements that specify requirements for the provision of DMEPOS and ensure accessibility for the disabled.
- State licensure and regulatory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier —
- Must be licensed to provide the item or service; and

- May contract with a licensed individual or other entity to provide the licensed services unless expressly prohibited by State law.
- Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.);
- Must have the application for billing privileges signed by an individual whose signature binds a supplier;
- Fills orders, fabricates or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or non-procurement program or activity;
- Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment, as defined in §414.220(a) of this subchapter. (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs or signed notices.);
- Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items, as described in §414.229 of this subchapter. The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs or signed notices;
- Maintains a physical facility on an appropriate site. An appropriate site must meet all of the following:
 - Must meet the following criteria:
 - Except for orthotic and prosthetic personnel described in paragraph (c)(7)(i)(A)(2) of this section, maintains a practice location that is at least 200 square feet beginning —
 - September 27, 2010 for a prospective DMEPOS supplier;
 - The first day after termination of an expiring lease for an existing DMEPOS supplier with a lease that expires on or after September 27, 2010 and before September 27, 2013; or
 - September 27, 2013, for an existing DMEPOS supplier with a lease that expires on or after September 27, 2013.

- Orthotic and prosthetic personnel providing custom fabricated orthotics or prosthetics in private practice do not have to meet the practice location requirements in paragraph (c)(7)(i)(A)(1) of this section if the orthotic and prosthetic personnel are —
- State-licensed; or
- Practicing in a State that does not offer State licensure for orthotic and prosthetic personnel.
- Is in a location that is accessible to the public, Medicare beneficiaries, CMS, NSC and its agents. (The location must not be in a gated community or other area where access is restricted.)
- Is accessible and staffed during posted hours of operation.
- Maintains a permanent visible sign in plain view and posts hours of operation. If the supplier's place of business is located within a building complex, the sign must be visible at the main entrance of the building or the hours can be posted at the entrance of the supplier.
- Except for business records that are stored in centralized location as described in paragraph (c)(7)(ii) of this section, is in a location that contains space for storing business records (including the supplier's delivery, maintenance and beneficiary communication records).
- Is in a location that contains space for retaining the necessary ordering and referring documentation specified in §424.516(f).
- May be the centralized location for all of the business records and the ordering and referring documentation of a multisite supplier.
- May be a "closed door" business, such as a pharmacy or supplier providing services only to beneficiaries residing in a nursing home, that complies with all applicable Federal, State, and local laws and regulations. "Closed door" businesses must comply with all the requirements in this paragraph.
- Permits CMS, the NSC or agents of CMS or the NSC to conduct on-site inspections to ascertain supplier compliance with the requirements of this section.
- Maintains a primary business telephone that is operating at the appropriate site listed under the name of the business locally or toll-free for beneficiaries.
- Cellular phones, beepers or pagers must not be used as the primary business telephone.
- Calls must not be exclusively forwarded from the primary business telephone listed under the name of the business to a cellular phone, beeper, or pager.
- Answering machines, answering services, facsimile machines or combination of these options must not be used exclusively as the primary business telephone during posted operating hours.
- Has a comprehensive liability insurance policy in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain

required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed;

- Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
- The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.
- The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
- If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.
- Must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively);
- Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions;
- Must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries. The item must function as required and intended after being repaired or replaced;
- Must accept returns from beneficiaries of substandard (less than full quality for the particular item or unsuitable items, inappropriate for the beneficiary at the time it was fitted and rented or sold);
- Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;
- Must comply with the disclosure provisions in §420.206 of this subchapter;
- Must not convey or reassign a supplier number;
- Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met.
(This information must be kept at its physical facility and made available to CMS, upon request.);
- Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:

- The name, address, telephone number and health insurance claim number of the beneficiary.
- A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
- If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
- Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
- All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services.
- All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.
- All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
- All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.
- Must meet the surety bond requirements specified in paragraph (d) of this section.
- Must obtain oxygen from a State-licensed oxygen supplier (applicable only to those suppliers in States that require oxygen licensure.)
- Is required to maintain ordering and referring documentation consistent with the provisions found in §424.516(f)
- Except as specified in paragraph (c)(29)(ii) of this section, is prohibited from sharing a practice location with any other Medicare supplier or provider.
- The prohibition specified in paragraph (c)(29)(i) of this section is not applicable at a practice location that meets one of the following:
 - Where a physician whose services are defined in section 1848(j)(3) of the Act or a nonphysician practitioner, as described in section 1842(b)(18)(C) of the Act, furnishes items to his or her own patient as part of his or her professional service.
 - Where a physical or occupational therapist whose services are defined in sections 1861(p) and 1861(g) of the Act, furnishes items to his or her own patient as part of his or her professional service.

- Where a DMEPOS supplier is colocated with and owned by an enrolled Medicare provider (as described in §489.2(b) of this chapter). The DMEPOS supplier —
- Must operate as a separate unit; and
- (Meet all other DMEPOS supplier standards.
- Except as specified in paragraph (c)(30)(ii) of this section, is open to the public a minimum of 30 hours per week.
- The provision of paragraph (c)(30)(i) of this section is not applicable at a practice location where a —
- (Physician whose services are defined in section 1848(j)(3) of the Act furnishes items to his or her own patient(s) as part of his or her professional service;
- A physical or occupational therapist whose services are defined in sections 1861(p) and 1861(g) of the Act furnishes items to his or her own patient(s) as part of his or her professional service.

(Updated 05/08/2025)

Advance directives

An advance directive is your way of letting health care providers and your family know your decisions about health care and the right to accept or refuse services, even those that could save or sustain life. It is important that you share and tell your wishes to your family and health care team (e.g., doctor, nurse) and that they are written down prior to starting infusion therapy.

Depending on your state requirements an advance directive allows you to name a person of your choice to make health care choices for you when you cannot make the choices yourself.

You do not need to have a lawyer to create an advance directive, but you do need to sign it in front of the required witnesses in order for it to be accepted and valid.

Nondiscrimination and accessibility notice (ACA § 1557) (also known as Language Line and Translation Resources)

Discrimination is against the law

Coram LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (consistent with 45 CFR § 92.101(a)(2)). Coram LLC does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Coram LLC:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call Customer Care at 1-800-423-1411 (TTY: 711).

If you believe that Coram LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Email: **Coordinator1557@cvshealth.com**

Fax: **401-652-9935**

You can file a grievance in person or by mail, email or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department
of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at Coram LLC's website: **<https://www.coramhc.com/>**

Language Assistance

ENGLISH

To access language services at no cost to you, call 1-800-423-1411# (TTY: 711).

ARABIC

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-423-1411 (رقم هاتف الصم والبكم: 711).

CHINESE (TRADITIONAL)

如欲使用免費語言服務，請致電 1-800-423-1411 (TTY: 711)。

FARSI (PERSIAN)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800-423-1411 (TTY: 711) تماس بگیرید.

FRENCH

Afin d'accéder aux services langagiers sans frais, composez le 1-800-423-1411 (TTY: 711).

FRENCH CREOLE HAITIAN

Pou jwenn sèvis lang gratis, rele 1-800-423-1411 (TTY: 711).

GERMAN

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-423-1411 (TTY: 711) an.

ITALIAN

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-423-1411 (TTY: 711).

JAPANESE

言語サービスを無料でご利用いただくには、1-800-423-1411 (TTY: 711) までお電話ください。

KOREAN

무료 언어 서비스를 이용하려면 1-800-423-1411 (TTY: 711) 번으로 전화해 주십시오.

POLISH

Aby uzyskać dostęp do bezpłatnych usług językowych proszę 1-800-423-1411 (TTY: 711).

PORTUGUESE

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-423-1411 (TTY: 711).

RUSSIAN

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-423-1411 (TTY: 711).

SPANISH

Para acceder a los servicios de idiomas sin costo, llame al 1-800-423-1411 (TTY: 711).

TAGALOG

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-423-1411 (TTY: 711).

VIETNAMESE

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-423-1411 (TTY: 711)

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*Coram® CVS Specialty Infusion Services.

**Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

¹. <https://www.inogen.com/blog/10-home-oxygen-safety-tips/>
accessed September 5, 2019.

². <http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/fire>
accessed September 5, 2019.

³. <https://www.ncoa.org/resources/falls-prevention-conversation-guide-caregivers/>
accessed September 5, 2019.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. Coram assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Coram does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of their content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by Coram.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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