TUBE FEEDING PROCEDURE

To be completed by the Physician/Parent and returned to the School Nurse. Valid for current school year only.

STUDENT'S NAME: _____ **DOB:** _____

THE TREATMENTS NEEDED DURING SCHOOL HOURS ARE: (Please indicate Type and Method)

Type of Feeding tube: ☐ **Gastrostomy (G)** ☐ **Jejunostomy (J)** ☐ **Gastrostomy tube/Jejunostomy (G-J)**

Method: ☐ **Feeding by gravity** ☐ **Feeding by pump**

☐ **Medications via feeding tube - Please complete medication authorization from**

PROCEDURE FOR FEEDING ADMINISTRATION:

1. **Position Student:**
   - ☐ **Sitting upright or semi-reclining with head at _____ degree angle - OR –**
   - ☐ **Lying on right side with head elevated at _____ degree angle**
   - **– AND –**
   - ☐ **Remain elevated for _____ minutes after feeding is administered.**

2. **Please specify diet to be given during school day via** ☐ **G-tube** ☐ **J-tube**

   Type of feeding: _____ **Amount:** _____

   Time(s): _____ **Rate:** _____

   *****Please give _____ of free water at (indicate time) _____.**

3. **Flushing:** ☐ **G-Tube** ☐ **J-Tube**

   Check one:
   - ☐ **I DO order tube to be flushed:** ☐ **Before feeding or medication with _____cc of free water.**
   - ☐ **After feeding or medications with _____ cc of free water.**
   - ☐ **I DO NOT order tube to be flushed.**

4. **Additional Procedures (aspirate, tube to gravity, etc):**

   _____

   _____

5. **Gastrostomy Tube Replacement:**

   ☐ **The School Nurse may replace the G-tube if it becomes dislodged** **OR**

   ☐ **In the event the tube becomes dislodged:** _____

   _____

X _____ _____

(Physician's Signature) Date

_____ _____

(Physician's Name - Printed) Telephone Number

PARENT/GUARDIAN STATEMENT

☐ I hereby request the School Nurse to administer the above procedure(s) and medication(s) according to the Physician's instructions. I agree to furnish all equipment, supplies, medication, or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary. **I agree to notify the School Nurse immediately if there is any change in the student's status or Physician's orders.**

Parent/Guardian Signature:_____ **Date:** ____ **/** ____ **/** ____

Home Phone:_____ **Work:**_____ **Cell:** _____

****

Reviewed by: _____ ***RN*** ***Date:*** _____