



To be completed by the student's Physician and returned to the School Nurse

Student's Name: _____ DOB: _____

Allergies: _____

Treatments needed during school hours:

___ Feeding by gravity ___ Feeding by pump ___ Flushing tube

___ G-tube medications (please list): _____

Procedure for feeding administration:

1. Position student

___ Sitting upright or semi-reclined 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. Aspirate

___ I DO order to check aspirate

If aspirate is greater than ___ cc, ___ Feed ___ DO NOT feed

___ Delay feeding for ___ minutes and repeat aspiration

***If aspirate continues to be greater than ___ cc, contact parent.

___ I DO NOT order to check for aspirate

3. Flushing

___ I DO order G-tube to be flushed ___ Before feeding or medication with ___ cc of water

___ After feeding or medication with ___ cc of water

___ Daily with ___ cc of water

4. Diet to be administered at school

Type of feeding: _____

Frequency of feedings during school day: _____

***Please give ___ cc of free water at (indicate time) _____ am and/or _____ pm

5. If G-tube dislodges at school: _____

(Physician Signature)

(Date)

(Physician Name Printed)

(Contact Number)

***Please note: If a Nurse is not always in the school building, non-medical staff can be trained to administer G-tube feedings and medications.

Parent/Guardian Statement

I, the undersigned Parent/Guardian of _____, hereby request the School Nurse or a trained staff member 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 status or Physician orders.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Contact phone: _____