

Greenfield-Central Community Schools
Health Care Provider Order for Tube Feedings at School - 2018-2019 School Year

Student's Name: _____ Date of Birth: _____

☐ Feeding by gravity ☐ Feeding by pump Type of Feeding Tube: _____

1. Position Student

- ☐ Sitting upright or semi-reclining with head at a _____ degree angle.
- ☐ Remain elevated for _____ minutes after feeding is administered.
- ☐ Other: _____

2. Aspirate

- ☐ I **do** order to check for aspirate. If aspirate is greater than _____ mL:
- ☐ Continue with feed and document aspirate volume.
- ☐ Delay feeding for _____ minutes and repeat aspiration.
- ☐ Do not feed and notify parent.

Notify parent if aspirate volume is greater than _____ mL.

- ☐ I **do not** order to check for aspirate prior to feeding.

3. Flushing

- ☐ I **do** order tube to be flushed:
- ☐ Before feeding or medication with _____ mL of water.
- ☐ After feeding or medication with _____ mL of water.
- ☐ I **do not** order tube to be flushed.

4. Please specify diet/fluid:

Type/Name of Formula: _____ Volume: _____ mL

Rate (if pump): _____ Time(s): _____

- ☐ Please give _____ mL of free water at: _____

☐ Up to _____ mL of free water can be given each school day per parent/guardian request on an as needed basis as determined by the parent and/or school nurse.

5. Comments:

Healthcare Provider's Signature

Date

Telephone Number

I request that school personnel administer the above procedure as prescribed by the health care provider. I certify that I have legal authority to consent to medical treatment for the student named above. I authorize school nursing staff to communicate with the prescribing health care provider regarding this student's medical condition. I give permission for my student's medical information to be shared with teachers and other school personnel, if the condition warrants. I agree to furnish all equipment, supplies, or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary.

Parent/Guardian Signature: _____ Date: _____