

Health Care Provider Order for Tube Feedings at School - 2024-2025 School Year

Student's Name: _____ Date of Birth: _____ 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. Check for Residual:

- Check for residual. Replace any residual obtained via g-tube. If residual is greater than _____ mL:
- Continue with feeding and document residual volume and that residual was replaced.
 - Delay feeding for _____ minutes and repeat residual check.
 - Do not feed and notify parent.
- Do not check for residual 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 feeding instructions:

Formula Name (must specify): _____ Volume: _____

Give via (choose one): Bolus feed Administer via pump at a rate of _____ mL per _____

School day feeding administration time(s): _____

I approve and authorize the family to provide a home-blended feeding of food to be given via bolus. Feeding should be thinned so it will easily pass through the tubing. Parent will supply blended feeding in the volume that has been determined to be appropriate for the student. (This does not apply to formula. Formula must be provided in the original container, not in a prefilled bag.)

Please give _____ mL of free water at (time(s): _____

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 registered nurse.

5. G-tube dislodgement instructions:

I am attaching instructions for student's g-tube replacement. If an RN is available, the RN should attempt to replace the g-tube should it become dislodged at school. Should tube not be able to be reinserted, cover with clean gauze and notify parent immediately.

The school nurse should not attempt to replace the g-tube should it become dislodged. The stoma should be covered with clean gauze and the parent notified immediately.

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 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: _____