OLENTANGY SCHOOLS℠
Flourish Here.

EMERGENCY PROCEDURES FOR MIC-KEY GASTROSTOMY (G) OR GASTROJEJUNOSTOMY (GJ) TUBES

CONFIDENTIAL FOR: _____ _____
(Name of Student) (Grade)

TYPE OF TUBE: □ G □ GJ □ Mic-Key

When any of the following problems occur, document the incident and all health care interventions within 24 hours.

IF G OR GJ TUBE BECOMES DISLODGED AT SCHOOL

1. Have student lie flat on his/her back.
2. Immediately notify parent, school nurse, and principal.
3. Wearing gloves, gently wipe up drainage coming from tube site with sterile or clean gauze. Keep areas as clear of stomach fluids as possible.
4. If parents are unable to be reached within 15 minutes, call 911 to transport to hospital for tube reinsertion.

BLEEDING OR DRAINAGE IS COMING FROM TUBE SITE (STOMA)

1. If only a small amount of drainage is noted, wear gloves and cleanse area with warm water then apply gauze.
2. If there is a large amount of drainage/bleeding, notify parent, school nurse, and principal.

A CLAMP, TUBE OR CAP TO THE BUTTON COMES OPEN

1. Recap or re-secure clamp.
2. Cleanse site and change stoma dressing if soiled.

DURING FEEDING, STUDENT COUGHS

1. Stop feeding.
2. Estimate amount of feeding not administered and/or vomited.
3. Contact parent and school nurse before re-starting feeding.

TUBING SEEMS TO BE OR BECOMES BLOCKED DURING A FEEDING

1. Stop feeding. Notify parent and school nurse.

STUDENT EXHIBITS GAGGING, NAUSEA, VOMITS OR HAS ABDOMINAL CRAMPING

1. For bolus feedings slow down rate of feeding and observe. If no vomiting or other signs of cramping, continue feeding at slower rate.
2. For feeding via pump – stop pump.
3. If vomiting or cramping, stop feeding.
4. Notify parent, school nurse, and principal.

STUDENT HAS DIFFICULTY BREATHING OR SKIN BECOMES PALE AND CLAMMY

1. Stop feeding and closely monitor student.
2. If no improvement in color or breathing, call 911.
3. If breathing ceases, begin rescue breathing.
4. Notify parent, school nurse, and principal.

_____ _____
Provider's signature of approval for emergency procedures Date

_____ _____
Parent/Guardian signature Date