Cherokee County School District

TUBE FEEDING ACTION PLAN

Section I: Parent

Student _____ D.O.B_____

School_____ Teacher_____ Grade _____

Parent/Legal Guardian_____

Phone: Home_____ Work _____ Cell _____

Section II: Physician

Medical Diagnosis for Tube Feed _____

_____

Date of Gastrostomy and/or Jejunostomy Placement _____
The stoma is considered a mature site 6-8 weeks post op

Feeding Tube (check one): ☐ Gastrostomy ☐ Jejunum ☐ Gastrostomy/Jejunum ☐ PEG
Position During Feeding: _____ Name of Formula: _____

Bolus: ☐ Yes ☐ No Continuous: ☐ Yes ☐ No

Feeding Times at School:					
Amount (ml):					
Rate (ml/hr):					

Flush Before Feeding: ☐ Yes ☐ No Solution to be used: _____ Amount (ml): _____
Flush After Feeding: ☐ Yes ☐ No Solution to be used: _____ Amount (ml): _____

Special Instructions:

Feeding may be done by: ☐ Teacher ☐ Nurse ☐ Paraprofessional ☐ Other
(Parent will provide supplies/equipment.)

Is student to receive anything by mouth? ☐ Yes ☐ No

If Yes, list dietary choices_____

_____

Emergency Plan for Dislodged G-Tube/J-Tube

*Replacement tube to be kept at school in the event of an emergency.

(Mature Stoma) If a student's G-tube/J-tube becomes dislodged at school, the licensed nurse can re-insert a tube and tape it in place to keep the stoma open. The parent will be called immediately. Nurses will not re-inflate the balloon or feed through the G-tube/J-tube until the parent comes to the school, inserts the tube, and re-inflates the balloon.

(Immature Stoma) If the G-tube/J-tube becomes dislodged at school, before 6-8 weeks from placement, the licensed nurse WILL NOT re-insert the tube. The parent will be called immediately and will be responsible to pick up the student. If the parent does not arrive within 30 minutes, there is bleeding from the site, difficulty breathing, or any change in status, 911 will be called immediately.

☐ Parent/legal guardian has been trained to reinsert the G tube.

I, _____, authorize the physician's office to release confidential information about my child.

_____ _____
Parent/Legal Guardian's Signature Date

_____ _____
Physician's Signature Date

_____ _____
Physician's Printed Name Physician's Phone Number