

Santa Fe ISD Health Services
Enteral Feeding Orders



Student Name _____ DOB _____ Grade _____

Advisor _____ Teacher _____ Campus _____

To be completed by Prescribing Physician

Procedures for feeding student:

1. **Position Student**

Sitting upright Semi-reclining at _____ degree angle

Other _____

Remain upright for _____ minutes

2. **Aspirate**

I DO NOT order to check for aspirate.

I DO order to check for aspirate. If aspirate is greater than _____ mL, replace aspirate, hold feeding for _____ minutes, then recheck.

3. **Flushing**

I DO NOT order for feeding tube to be flushed.

I DO order G-tube to be flushed: BEFORE feeding or medication with _____ mL of tap/bottled water.

AFTER feeding or medication with _____ mL of tap/bottled water.

4. **Feeding**

Formula to be given via gastrostomy tube/button _____

Amount _____ mL Rate via pump _____ OR to gravity

Scheduled feeding(s) at school/frequency _____

Other orders _____

5. **Vent**

I DO NOT order to vent gastrostomy tube/button as indicated for distention/discomfort.

I DO order to vent gastrostomy tube/button as indicated for distention/discomfort.

6. **Change of orders/treatment**

Adjustment in treatment or discontinuation of the treatment requires a written, signed physician's order. It is the parent/guardian's responsibility to notify the nurse of any changes to the student's treatment plan and to provide a copy of the updated orders. ***A visit summary is not a physician's order.**

7. **Equipment/Supplies**

All equipment and supplies needed for enteral feedings will be provided by the parent.

8. ***Please note: the school nurse trains non-medical staff to administer enteral feedings and/or medication.**

Physician Name _____ Signature _____

Phone _____ Fax _____ Date _____

I consent to communication between the above health care provider or clinic, the school nurse, the school counselor, or any other school employees acting on behalf of my student's educational and medical needs.

Parent Signature _____ Date _____