



New Braunfels Independent School District

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Physician and Parent Authorization for Gastrostomy Care

Name of Student: _____ Birthdate: _____ School Year: _____

To Be Completed by the Physician:

Physical Condition: _____

Gastrostomy Tube:

- Type: _____
- Size of inflated cuff: _____ cc air
- Replacement if dislodged: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Feeding through tube:

- Liquid Feeding Solution: _____
- Amount: _____
- Frequency: _____
- Rate: _____
- Temperature of feed: _____
- Mixing Instructions: _____
- Method for administration: _____
 - Gravity: _____
 - Bolus Push: _____
 - Slow Drip: _____
 - Pump: _____
 - Any special instructions: _____
 - Other: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

Flush:

- Solution: _____
- Amount: _____
- Push or gravity flush: _____
- Rate: _____
- Frequency: _____
- To be performed by: _____
- Precautions, possible reactions and interventions: _____

