

## Physician's Orders for Specialized Feeding

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medical DX: \_\_\_\_\_

Type of Device:  Button: Mickey/ AMT/ other (please circle)  PEG

Tube/Device Size \_\_\_\_\_ Fr \_\_\_\_\_ cm \_\_\_\_\_ Type of Water to fill balloon: \_\_\_\_\_ Amount: \_\_\_\_\_

FORMULA TYPE: \_\_\_\_\_

*\*If powdered formula: Parent will provide prepared formula in a container labeled with child's name.*

FEEDING METHOD: BOLUS  Syringe  Bag CONTINUOUS  PUMP PUMP Type: \_\_\_\_\_

AMOUNT/RATE: \_\_\_\_\_

Time(s)/Frequency (during the school day): \_\_\_\_\_

*\*School RN will discuss with parents optimum time/times to collaborate feeding with class schedule/home schedule*

Please give \_\_\_\_\_ ml of free water at (indicate time) \_\_\_\_\_ AM and/or \_\_\_\_\_ PM

FLUSH G-TUBE:  Before w/ \_\_\_\_\_ cc water.  After w/ \_\_\_\_\_ cc water.  Does not need to be flushed.

ASPIRATION:  Check for aspirate prior to feeding\*  DO not check for aspirate prior to feeding

\*If aspirate is greater than \_\_\_\_\_ cc,  Feed  DO NOT feed  Delay feeding for \_\_\_\_\_ minutes, and repeat aspiration. If aspirate continues to be greater than \_\_\_\_\_, contact parent.

Positioning of student for feeding:  Upright  Reclining Angle \_\_\_\_\_

Preferred position of student post feeding:  Upright  Reclining  How long? \_\_\_\_\_ minutes

Does tube need to be vented pre feeding:  Yes  No Post feeding/burping:  Yes  No

Is student allowed oral feedings:  Yes  No If yes, TYPE: \_\_\_\_\_

Additional accommodations/comments: \_\_\_\_\_

### Physician Must Check:

**REINSERTION ORDERS: In the event the feeding tube comes out during the school day the current tube, a replacement tube, or a foley catheter must be reinserted within \_\_\_\_\_ minutes to maintain patency.**

- Trained Registered School Nurse may re-insert the G Tube or a foley catheter to maintain the tract until parent/legal guardian can replace and check placement.
- No school personnel may reinsert the G Tube.
- Parent may designate an emergency contact to reinsert the G Tube if parent/legal guardian not available.
- Following a dislodgment, parent must provide verification from a physician of proper tube placement upon returning to school. First feeding will be done at home under supervision of parent/legal guardian or physician.
- Following a dislodgment, parent/legal guardian may verify proper placement of G tube without seeing a physician. First feeding will be done at home under supervision of parent/legal guardian.

\*\*Parent/legal guardian will be notified of any G Tube dislodgement at school.

**Rate/Volume ADJUSTMENT prn BY PARENT/legal guardian due to illness or other:**

- I consent for parent to request the school nurse adjust feed amount/rate as needed at school up to 5 days without a new physician order. \*School nurse has the discretion to comply with request or may require an updated order.
- Parent may not adjust the feed amount/rate without a physician order.

**G-Tube feedings to be performed by:**

- RN/trained school staff ONLY  Student (with RN/trained school staff supervision/assist prn)

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date