Palo Alto
Unified School District

Specialized Health Care Procedure
Management of Gastrostomy

School ____________________________ School Year ________________________ Fax ______________________________

Student Name ____ DOB ____

*This form **must be renewed annually**, **and** if there are any changes in treatment during the school year.*

Physician Authorization

Type of Feeding Device:

☐ Gastrostomy tube Type:

Size: Adjusted tube length:

☐ Gastrostomy button:

☐ MIC-KEY ☐ BARD ☐ Other:

Size:

Gastrostomy Feeding:

Time(s) of feeding:

Formula type/name:

Amount per feeding:

Water:

- Amount before feeding:
- Amount after feeding:
- Other:

Duration of each feeding:

Feeding method:

- ☐ Bolus
- ☐ Slow-drip:
  - ☐ Gravity rate:
  - ☐ Pump rate:

Pupil's position during feeding:

Medication Administration via Gastrostomy Tube/Button:

☐ Yes (medication authorization(s) attached)

Residual:

☐ Residual check not necessary

☐ Check residual:

- ☐ Feed if residual < _____
- ☐ Hold feeding if residual > _____

Additional Instructions:

Decompression:

☐ Not Needed

☐ Yes

- ☐ Before feeding
- ☐ After feeding
- ☐ During feeding
- ☐ PRN for signs/symptoms:
- Duration of decompression:

Gastrostomy Tube Dislodged:

☐ Cover site and notify parent

☐ Unlicensed trained staff follow procedure using catheter to maintain temporary ostomy patency

- Max amount of time to be inserted by:

☐ Reinsert gastrostomy tube/button by RN/LVN

- Max amount of time to be reinserted by:
- If RN/LVN not available, back up protocol:
  - ☐ Cover site and notify parent
  - ☐ Unlicensed trained staff follow procedure using catheter to maintain temporary ostomy patency
  - ☐ Other:

Fundoplication:

☐ Yes, date:

Oral Feedings:

Feeding evaluation: ☐ Yes (copy attached) ☐ No

☐ NPO (nothing by mouth)

☐ Tiny tastes of food/liquids

☐ Thin liquids (i.e. formula, milk, juices, water)

☐ Thick liquids (i.e. yogurt, thickened juices)

- ☐ Thickener: Amount:

☐ Pureed foods (i.e. applesauce)

☐ Other:

Health Services
25 Churchill Avenue
Palo Alto, CA 94306
Tel. 650-833-4240 | Fax 650-833-4226

Updated 3/18/2024

Specialized Health Care Procedure
Management of Gastrostomy

Other precautions, potential complications & needed actions: ____
____

My signature below provides authorization for the above orders. All procedures will be implemented in accordance with states laws and regulations. Specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. If changes are indicated, I will provide new written authorization.

____ ____________________

Physician Signature | Date

_____________________________ _____________________________

Phone | Fax | Clinic Stamp

Parent/Guardian

I request that the specialized health care service be administered to my child at school according to instruction from the above health care provider. I authorize school personnel to assist with this specialized health care procedure for my child as ordered from the above health care provider. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480).

I give consent to communication and exchange of information between PAUSD and the health care provider listed above regarding the health care providers written statement or any other questions about the medication, medication administration, or specialized health care procedure.

I understand and agree to the following responsibilities regarding specialized health care procedures:

1. Parents will provide the necessary supplies and equipment.
2. Parents will notify the school and provide new consent for any changes to the above authorization.
3. Any modifications or changes to the above authorizations may only be made after written notification is received from the health care provider.

_____________________________ _____________________________ _____________________________

Parent Signature | Phone | Date

Health Services
25 Churchill Avenue
Palo Alto, CA 94306
Tel. 650-833-4240 | Fax 650-833-4226

Updated 3/18/2024