



Physician/Parent Request for Administration of Special Procedures

The school nurse will review the order for safe implementation. This specialized health care procedure will be administered by a Licensed Vocational Nurse, Registered Nurse or unlicensed trained person in accordance with the Texas Education Code Section 21.0003 (b) and upon receipt of this completed form along with any special equipment items.

Student: _____ DOB: _____ Age: _____ Grade: _____

Teacher: _____ Campus: _____

Diagnosis: _____

Procedure(s) required for student while in the school setting (check all that apply)

Suctioning:

Oral- as needed.

• Additional Instructions: _____

Tracheal – as needed: depth _____ cm

• Use 3-5 gtts saline prior to suctioning

• Additional Instructions: _____

Oxygen:

Give _____ LPM via NC/mask/trach-collar

Continuous/PRN/ or at _____ for _____.

(Time of day)

(Condition)

Gastrostomy tube feedings:

Supplement: _____ Amount: _____ ml Give every _____ hrs

Given by: Pump Gravity Slow Push – over _____ min/hr

Flush with _____ ml water after feeding is complete

Check residual prior to feeding – if residual is more than _____ ml

Hold Feeding _____ min, recheck residual

If more than _____ ml, hold feeding & inform doctor and parents

If less than _____ ml, feed student as ordered

Stoma/GT care: _____

Urinary Catheterization:

Catheterize every _____ hrs with _____ Fr catheter

Student may self catheterize - _____ times a day or every _____ hrs

VNS/Seizure Management - **Use seizure care plan**

We (I) undersigned, parent(s)/guardian(s) of _____ request the above procedure be administered to our (my) child. We (I) authorize the School Nurse to contact our (my) child's physician(s) for information concerning my child when necessary.

Parent's Signature/Date: _____

Physician/Health Care Provider's Name/Date: _____

Physician/Health Care Provider's Signature: _____