

G-Tube Feeding Care Plan and Emergency Action Plan

Student Name _____ Date _____

Emergency Contact 1: _____ Phone _____

Emergency Contact 2: _____ Phone _____

Primary Care Provider: _____ Phone _____

Specialty Care Provider: _____ Phone _____

Teacher: _____ Classroom # _____ Phone # _____

What type of tube does the student have?

_____ Nasogastric _____ Percutaneous Endoscopic Gastrostomy

_____ Orogastric _____ Jejunostomy _____ Gastrostomy

Type & Manufacturer of Device: _____

Will the student need to be fed or have feeding started at school, during school hours? ___ No

Method of Delivery: ___ **Yes** (if yes, please fill out the following)

1. Gravity:

Time: _____ Formula Type _____ Dosage(amount) _____ Flush Amount _____

Time: _____ Formula Type _____ Dosage(amount) _____ Flush Amount _____

2. Bolus (push):

Time: _____ Formula Type/Free Water _____ Flush Amount _____

Time: _____ Formula Type/Free Water _____ Flush Amount _____

3. Feeding pump:

Start Time _____ Rate _____ Amount: _____ Type of Formula _____

Stop Time _____ Flush tube with _____ mL of _____ before/ after

Clean up:

The feeding bag and pump tubing should be: Cleaned and flushed with warm water and sent home with the student at the end of the day, along with the feeding pump.

Will your student need routine care here at school? ___ No

Site Care Instructions: ___ **Yes** (please check all that apply)

1. _____ Clean with _____ solution, dry the area, and apply dressing: _____

2. _____ Apply _____ cream at this _____ time.

3. _____ Other: _____

- Please note that all supplies will need to be provided by the parent/guardian.

In case of an emergency:

If g-tube comes out during school hours please fill out the following:

- Should the g-tube happen to come out during school hours, how long can the tube be out before the stoma closes up? _____

Please list the procedures staff should follow if the tube comes out during school hours:

1. _____
2. _____
3. _____
4. _____

Call 911 immediately if:

1. _____
2. _____
3. _____

In the case of an emergency (if possible) please transport my student to: _____

Comments / Special Instructions: _____

1. I understand that medication and/or equipment needed to treat my child is to be furnished by the parent/ guardian. I acknowledge that the information provided above is the most recent up to date medical information for the above student.
2. I agree to provide training for the school nurse & staff on the care and feeding of the student listed above. If the equipment is not working properly and school staff is unable to reach me, I understand my child may not be fed at school.
3. In the event of an emergency, I give permission to seek emergency medical care and treatment from the physician and hospital that I have identified on this form. If staff are unable to contact me, I understand that I am responsible for payment of any emergency medical care.
4. This document will be treated as orders provided from the physician and all formulas/ solutions/ dressings will be given/ done as directed above, until alternative/discontinuation orders are received from the Physician. Medications will need to be labeled according to school policy.

Parent/Guardian signature _____ Date _____

Physician Signature _____ Date _____

School Nurse _____ Date _____