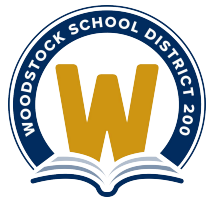


**Woodstock Community Unit School District 200**  
**Enteral Feeding Orders**



Student's Name: \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Gastrostomy Tube and date tube was first inserted \_\_\_\_\_

Procedure for formula feeding:

1. Formula to be given via gastrostomy tube/button: \_\_\_\_\_
2. Amount of formula at each feeding: \_\_\_\_\_
3. Schedule at school: \_\_\_\_\_  
(give range of time when possible; may vary up to ½ hour to accommodate school schedule)
4. ☐ Gravity drip or Bolus method over \_\_\_\_\_ Minutes  
☐ Infuse feedings via feeding pump at rate of \_\_\_\_\_ ml/hr  
After each feeding, flush the tube with \_\_\_\_\_ cc's of tap water
5. The child should be fed with his head and upper body elevated at least 45 degrees. Keep the child upright after each feeding for 30 minutes.
6. Frequency of feeding set change: \_\_\_\_\_  
(one calendar school week maximum)
7. Frequency of extension tubing change: \_\_\_\_\_
8. Check for residual: Yes \_\_\_\_\_ No \_\_\_\_\_  
If ordered, check for residuals prior to each feeding. If greater than \_\_\_\_\_ cc's, hold feeding for 30 minutes, then recheck. After several weeks of no residuals, you may check residuals only occasionally.
9. If the tube dislodges or problems occur during feeding, discontinue feedings and notify:  
\_\_\_\_\_ notify parent for re-insertion  
\_\_\_\_\_ re-insert with: tube type: \_\_\_\_\_ fill Balloon with \_\_\_\_\_ cc's of water
10. Rinse feeding set thoroughly after each use. Clean feeding set with soap and tap water after the final feeding of the day and hang to dry (if set used longer than one day).
11. Other instructions / precautions: \_\_\_\_\_  
Does gastrostomy tube need to be vented? Yes \_\_\_\_\_ No \_\_\_\_\_

Printed name of physician: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby request and grant permission for District #200 school personnel to administer enteral feeding (s) to my daughter/son, according to Doctor (name) \_\_\_\_\_ instructions. I further waive any claims against the School District, it's employees and agents arising out of the administration of said enteral feeding, and agree to hold harmless and indemnify the School District, it's employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses including attorney's fees, resulting from or arising out of the administration of medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for school staff to provide progress reports as requested above by Dr. \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

