



### G-Tube Feeding Orders / Feeding Orders

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|--|--|
| <b>Student Name:</b> _____ <b>DOB:</b> _____ | <b>ID #:</b> _____                         |
| <b>Prescribing Physician:</b> _____          | <b>School Year including ESY:</b><br>_____ |

**To be completed by the prescribing physician:**

Diagnosis requiring gastrostomy tube/feedings: \_\_\_\_\_  
\_\_\_\_\_

Type/size of gastrostomy device used: \_\_\_\_\_

Insertion date: \_\_\_\_\_ Was Nissen Fundoplication performed?  Yes  No

Vent before feeding(s)?:  Yes  No

Type of formula/feeding: \_\_\_\_\_

Time(s) of feeding(s): \_\_\_\_\_

Volume of formula at each feeding: \_\_\_\_\_  
\_\_\_\_\_

Water flush after feeding:  Yes  No Flush amount: \_\_\_\_\_

Delivery Method:  Bolus Feeding  Bag Feeding  Pump Feeding

Rate: \_\_\_\_\_ ml/hr Duration of feeding(s): \_\_\_\_\_

Is student NPO?:  Yes  No If no, oral diet: \_\_\_\_\_

Positioning/activity restrictions after feeding: \_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_

\*Parents are responsible for sending all feedings/foods/supplies to the school for feedings to be administered.

**Should the feeding tube become dislodged, the following will be done:**

The parents will be notified immediately. The RN may re-insert the Mic-Key G-Button after proper training and reinsertion procedure orders are submitted along with the tube feeding order, signed by the prescribing physician. If the G-Tube cannot be reinserted by the RN and the parents are not able to be reached within 60 minutes of the tube being dislodged, the child will be transported to the closest emergency room via ambulance for reinsertion.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_