

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819

847-548-8470 Fax 847-548-8472 VP 224-207-8476

www.sedol.us



PHYSICIAN ORDERS FOR STUDENTS WITH GASTROSTOMY TUBES

Student's Name _____ Date of Birth _____

Student ID # _____

G-TUBE FEEDING

- Amount and time as instructed by parent
- Formula _____
- Instructions – include flush amount

- PRN G-TUBE REINSERTION
- PRN GT venting and drainage

ORAL FEEDING

- NPO
- Taste only for oral sensory
- Liquids only
- Thickened liquids
- Pureed foods
- Diet/Feeding instructions

DATE OF SWALLOW STUDY _____

SWALLOW STUDY RECOMMENDATIONS (PLEASE ATTACH COPY OR SUMMARY IF AVAILABLE)

Physician Signature _____ Date _____

Please Print: Name _____

Address _____

Telephone _____ Fax _____

Parent Signature _____ Date _____