

**Westerville City Schools**  
Request for Specialized Health Care Services

Student Name:

DOB:

Addendum for G-Tube Procedure  
(Add this page to Medical Provider's Order)

Student is:

\_\_\_\_\_ NPO at all times (nothing by mouth)

\_\_\_\_\_ May receive fluids by mouth

\_\_\_\_\_ May receive oral feeds

\_\_\_\_\_ Other modifications: \_\_\_\_\_

**Emergency Stoma Preservation Plan**

**In the event the G-tube comes out or is dislodged:**

- The nurse/trained school personnel should attempt to replace the G-tube. Parent/guardian to supply school with new replacement G-tube/foley. Should the new tube not be able to be inserted, cover with clean gauze and notify the parent/guardian immediately. **Do not use the G-tube or Foley catheter for feedings or medications until placement is verified by the parent/guardian.**
  - Using a G-tube: Use a new G-tube (Mic-key). Lubricate shaft with water-soluble lubricant if available and insert into gastrostomy site. **DO NOT INFLATE THE BALLOON.** Secure in place with medical tape and notify the parent/guardian immediately.
  - Using a Foley Catheter: Use Foley catheter of the same diameter (French) \_\_\_\_\_ or one size smaller \_\_\_\_\_ than patient's dislodged G-tube. Lubricate the shaft with water-soluble lubricant if available and insert approximately 2-4 inches into the gastrostomy site. Secure in place with medical tape and notify the parent/guardian immediately.
- The nurse/trained school personnel should not attempt to replace the G-tube. The stoma should be covered with clean gauze and the parent/guardian notified immediately.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Prescriber's Signature Date

\_\_\_\_\_  
Prescriber's Name (Print) Phone Number

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

\_\_\_\_\_  
Parent/Guardian Name (Print) Phone Number