

GRANITE FALLS SCHOOL DISTRICT

AUTHORIZATION FOR CARE AND USE OF GASTROSTOMY TUBE (G-TUBE)

Student's name _____ DOB _____
School _____ Grade _____
Diagnosis _____

Indicate whether tube will be used for: Feeding _____ Medications _____ Both _____

Feeding:

Formula or food _____
Quantity & Duration _____
Pump _____ Yes _____ No If yes, what type of pump? _____ Run at: _____ ml/hr
Gravity Feed _____ Yes _____ No
Aspirate residual before feedings? _____ Yes _____ No
 If yes, _____ Discard _____ Return to stomach. If stomach contents are over _____ ml, subtract from feeding.
Flush tube with _____ ml of water prior to feeding _____ Yes _____ No
Flush tube with _____ ml of water when feeding is complete _____ Yes _____ No
Time(s) of Administration _____
Vent before feedings _____ Yes _____ No If yes, for how long? _____ minutes
Can student eat/drink anything by mouth? _____ Yes _____ No
If yes, what? _____

Meds:

Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____

Other orders:

Push medication at gravity rate. Flush with 5 ml of tap water between medication doses.

I request and authorize that the above named student be provided with the g-tube care described above for the period commencing ____ / ____ / ____ through ____ / ____ / ____ .
This order to be renewed annually.

Date of signature

Physician's signature

Phone number

Printed name and Clinic name

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to provide g-tube care to this student beginning ____ / ____ / ____ through ____ / ____ / ____ . (Not to exceed 1 school year)
I understand that the above care may be provided by non-licensed school staff.

Date of signature

Parent's signature

Phone number home

phone number work (or emergency contact)

REQUIRED SUPPLIES FOR THE USE OF GASTRONOMY TUBE:

- Prescribed formula (labeled)
- Feeding bags (if applicable)
- Extension tubing (if applicable)
- 60mL syringes
- 60 mL catheter-tip syringes
- Syringes for medication (at least 1 per medication to be administered)
- Feeding pump (if required)
- Pump charger/power cord (if pump used)
- Pump backpack (if student is mobile)

**If, during routine use or cleaning, the tubing:

Cannot be adequately cleaned, or

Shows signs of wear, damage, or breakdown that may compromise its safety or integrity

the tubing will be discarded and replaced with a new one from the supplies you have provided.

Please ensure that an adequate supply of replacement tubing is kept at school so that care is not interrupted.