Physician Order for Gastrostomy Feeding in School

Revised 2026

This form is valid for the current school year: 20_____ - 20_____

Student Information

Student Name: _____ Date of Birth: _____ Student ID#: _____

Grade: _____ HR Teacher: _____ Diagnosis: _____

Physician Order

This section to be completed by Physician:

Is student NPO? Yes ____ No _____ Fluid permitted: (type) _____ Food permitted: (type) _____

Type of Gastrostomy Device:
- ☐ PEG
- ☐ Button
- ☐ G-tube
- ☐ Other: _____

Feeding Method:
- ☐ Bolus by syringe
- ☐ Gravity drip/bag
- ☐ Mechanical pump (type) _____

Feeding Position:
- ☐ Sitting
- ☐ Supine with head elevated
- ☐ Side-lying on the right with head elevated
- ☐ Side-lying on the left with head elevated
- ☐ Prone on wedge with head elevated and to one side

Measure residual stomach contents before feeding? Yes ____ No _____

If yes: withhold feeding if _____ml total volume residual

If student consumes oral feedings as well, hold feed if student consumes 50% of tray 75% of tray 100% of tray

Formula Name: _____

Times	Formula Amount	Water Flush Amount	Rate

Additional Fluids During the Day:

Times	Type	Amount

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Special Instructions

If gagging before or during feeding occurs:

- ☐ Clamp feeding tube. Attempt feeding in 15-30 minutes if gagging has stopped.
- ☐ Place open syringe in unclamped tube. Hold at the level of the student's head.

If vomiting after a feeding occurs :

- ☐ Facilitate the student's ability to clear mouth by positioning head forward.
- ☐ Place open syringe in unclamped tube and hold at head level to allow contents to drain into a container if vomiting continues.

If tube become clogged:

- ☐ Force water into tube, then aspirate. Repeat as necessary.
- ☐ Move the tube in and out and in a rotating position.
- ☐ Position the tube in a position that is free of tension and slightly above the ostomy site.

If gastrostomy device/tube falls out:

- ☐ To maintain site, wash tube/button with soap and water, place in tract. Do NOT inflate balloon. Tape tube/button down and hold all tube/device medications, fluids and feedings. Parent will replace the tube.
- ☐ Contact parent, save tube, cover gastrostomy site with gauze. Parent will replace the tube.

Authorization

Physician Authorization:

I authorize the administration of the above-named medications/treatments to this student during school hours.

Physician Signature: _____ Date: _____

Physician Name (printed): _____ Physician Phone: _____

Parent/Guardian Authorization:

My signature below indicates that I request GPISD staff or contracted outside agency staff to administer the medications/treatments specified above to my child, and I am giving permission for GPISD staff or contracted outside agency staff to contact the physician for additional information, if needed. *Mi firma a continuación indica que solicito al personal de GPISD o al personal externo contratado de la agencia que administre la medicación indicada para mi hijo(a), y le estoy dando permiso para el personal GPISD o contratada fuera del personal de la agencia en contacto con el médico para información adicional, si es necesario.*

- ☐ I have provided the school with the correct medication/dosage in its original container.
- ☐ I understand a new form is needed for all changes in medication, dose, or time.
- ☐ I understand all medication shall be brought to the school by a parent/guardian or responsible adult.
- ☐ Unless otherwise specified, this order is valid for the entire school year including summer session if applicable.
- ☐ Expired and discontinued medication not picked up by the last day of school will be destroyed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____ Phone: _____