Charleston County SCHOOL DISTRICT excellence is our standard

Physician's Order for Gastrostomy Tube Feeding

Name: _____

Date of Birth:_____ School:_____

Diagnosis:_____

Tube Feeding required:
Type of G.Tube:_____

Type of feed:_____

Bolus Feed

	Time	**Amount**	
1st feed	_____	_____	Water to be flushed after feed_____ oz
2nd feed	_____	_____	Water to be flushed after feed_____ oz
3rd feed	_____	_____	Water to be flushed after feed_____ oz
4th feed	_____	_____	Water to be flushed after feed_____ oz

Water:
May be given between bolus feeding if student requires it **YES____ NO____**

Pump Feed
Type of Pump _____(parent to supply instruction booklet and demonstration)
1st. feed _____ Amount: _____ Water to be flushed after feed_____ oz
2nd feed _____ Amount: _____ Water to be flushed after feed_____ oz

NOTE:
A. A new physician's order will be required for each school year
B. Staff should complete feeding log after each feed
C. Parent will supply extra can of food to be kept in case of spillage or school delay
D. Clinic will supply gauze and tape (placed in a ziplock bag), to be kept in the classroom for covering the opening if the G Tube comes out.
E If the G. Tube comes out, the parent/guardian will be notified.
F. Parent/guardian may want to leave extra feeding tubing and syringe at school

Parent Signature: _____ Date: _____

Physician Signature:_____ Date: _____