# CUMBERLAND COUNTY SCHOOLS
## Physician's Orders for Gastric Tube Feeding at School

Student First Name: _____ Student Last Name: _____ D.O.B.: ____/____/_____
School Name: _____ School Year: _____ Grade: _____

**Orders and Instructions** *(to be completed by the student's health care provider and returned to the Office of Health Services)*

Student medical diagnosis for which feeding will be required at school: _____

Is the student allowed oral feedings at school? ☐ No ☐ Yes (please describe): _____ Frequency at School: _____

| Type of Appliance | Type of Feeding During School Hours | Stoma Preservation Plan |
|---|---|---|
| ☐ Peg/Long G-Tube<br>☐ Low Profile G-Tube Button<br>☐ GJ-Tube<br>☐ J-Tube<br>☐ Other (please specify): _____<br><br>Type of Pump: _____<br><br>Rate: _____ | Formula: _____<br><br>Amount: _____<br><br>Time of Feeding (during the school day):<br><br>_____ , _____ , _____<br><br>Please give _____ ml of free water bolus at:<br><br>(indicate time): _____ | ☐ The Health Services school nurse SHOULD attempt to replace the G-Tube if it becomes dislodged at school. If the tube is unable to be reinserted, cover with clean gauze and notify parent/legal guardian immediately.<br>☐ The Health Services school nurse SHOULD NOT attempt to replace the G-Tube if it becomes dislodged at school. The stoma should be covered with clean gauze and the parent/legal guardian notified immediately.<br>***Note: Instructions for tube replacement are to be provided by the health care provider along with this order.*** |

**Procedure for Feeding Administration at School**

| Check for Residual | Flushing | Student Position |
|---|---|---|
| ☐ I DO order to check for residual.<br>If residual is greater than _____ ml,<br>☐ Feed<br>☐ DO NOT feed<br>☐ Delay feeding for _____ minutes, and repeat residual check.<br>☐ If the residual continues to be greater than_____ ml, contact the parent/legal guardian.<br>☐ I DO NOT order to check for residual. | ☐ I DO order G-Tube to be flushed at school.<br>☐ Before feeding with _____ ml of free water.<br>☐ After feeding with _____ ml of free water<br>☐ I DO NOT order G-Tube to be flushed at school. | ☐ Sitting upright or semi-reclining with head at a _____ degree angle<br>☐ Lying on their right side with their head elevated at a _____ degree angle and remaining elevated for _____ minutes after feeding is administered |
| | **Feeding Method**<br>☐ Gravity bolus ☐ Pump-assisted bolus<br>☐ Syringe bolus ☐ Continuous | Other specifications for feedings at school: _____<br>_____<br>_____ |

**CUMBERLAND COUNTY SCHOOLS**
**Physician's Orders for Gastric Tube Feeding at School Continued**

| **Physician's Orders Continued** | |
|---|---|
| Side effects to be reported: _____<br>_____ | |
| Comments: _____<br>_____<br>_____ | |
| Physician's Signature: _____<br>Physician's Name Printed:_____<br>Clinic Name: _____<br>Clinic Address: _____<br>Phone: (_____)_____ Fax Number: (_____)_____ | Required MD Stamp<br><br>Date: _____/_____/_____ |

**Release of Liability** *(to be completed by the student's parent or guardian)*

I, _____ (Parent/Guardian Name), the parent and/or legal guardian of _____ (Student Name), enrolled at _____ (School Name), understanding the importance of administering medication as prescribed by my child's physician, hereby agree to release and hold harmless designated school personnel from any liability related to the administration of medication, including injections, to my child. I acknowledge that I have discussed this matter with my physician and/or legal counsel, and fully understand the potential ramifications of this consent. I grant permission for the medical provider to disclose necessary health or medical information regarding the prescribed medication to the school personnel involved in its administration. I understand that I have the right to revoke this consent at any time, except where actions have already been taken based on this consent. This consent remains valid for one year or until I revoke it in writing, whichever occurs first.

Parent or Legal Guardian Signature: _____ Date: _____/_____/_____
Principal Signature: _____ Date: _____/_____/_____