



### Feeding Tube Care Plan/Orders

The following section must be completed by the **PARENT**:

School:	Grade:	Year:
Student's Last Name:	First Name:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:
<p>I have read and understand the Mayfield City School guidelines for giving medications. I request authorized school personnel to follow the tracheostomy plan listed below. I agree to see that the medication/supplies are delivered to the school; to notify if there is a change in physicians; to notify if the medication, dosage, or procedure is changed or discontinued. I give my consent to the school nurse to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above.</p>		
____/____/____	(____)	(____)
Date	Parent/Guardian Signature	Home/Cell Phone      Emergency Phone

### Specifics of Tube Feed Management

The following section must be completed by the **LICENSED PRESCRIBER**:  
(unless order states "as directed by parent/guardian")

<b>Medical Diagnosis/Specifics:</b>	
<p><b>Type of Tube Used: (please check one)</b></p> <p><input type="checkbox"/> Gastrostomy Tube (G-Tube): A surgically placed feeding tube that passes through the belly wall into the stomach.</p> <p><input type="checkbox"/> Gastrostomy-Jejunostomy Tube (G-J Tube): A surgically placed feeding tube that has two sections, one for venting or drainage of the stomach, and one for feeding into the jejunum.</p> <p><input type="checkbox"/> Jejunostomy Tube (J-Tube): A surgically placed feeding tube that passes through the belly wall directly into the small intestine (jejunum).</p> <p><input type="checkbox"/> Nasogastric tube (NG Tube): a tube that passes through one nostril of the nose, into the throat and down into the stomach. ***Please note must be only used by the <i>student</i>, their <i>parent/guardian</i>, or a <i>health care designate</i> during school hours. School staff are not permitted to use.</p>	
<p><b>Feeding Guidelines:</b></p> <p>The student can eat food by mouth: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The student can have liquids by mouth: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any above please list instructions for food preparation, restrictions, and/or considerations the staff must follow:</p> <p>_____</p> <p>_____</p>	
<p><b>Equipment: (parent will supply)</b></p> <p><input type="checkbox"/> Syringes</p> <p><input type="checkbox"/> Infusion Pump</p> <p><input type="checkbox"/> A Pole</p> <p><input type="checkbox"/> Bag Supply (prefer to have 2 weeks' supply on hand)</p>	<p><input type="checkbox"/> Mic-Key Tube</p> <p><input type="checkbox"/> Send home at end of week</p> <p><input type="checkbox"/> Dispose</p> <p><input type="checkbox"/> Food/Formula</p>



**Formula:**

Name: \_\_\_\_\_

Store:  Room Temperature  In the Refrigerator

Opened formula can be stored in the refrigerator and re-used for up to 24 hours from the time it was open:

Yes  No

If no, please specify:

\_\_\_\_\_

**Care of Supplies:**

School staff are responsible for cleaning tube feed supplies daily:  Yes  No

If yes:

- Following each feed, wash the supplies (this includes the feeding bag, syringe, tubing, and connectors as applicable).
- Rinse the supplies with warm water.
- Add a drop of dish soap, and wash supplies letting the warm, soapy water flush through all of the parts.
- If using a feeding bag, add warm water and a drop of dish soap directly in the bag; gently shake it so that water gets into all parts and then allow the soapy water to flush through the tube into the sink.
- Allow supplies to air dry and place in a safe and secure location to be transported home.
- Wrap the clean supplies in clean paper towel and place in a sealed/zippered plastic bag.  The supplies should be sent home daily.
- Other, please specify:

\_\_\_\_\_

**Bolus/Intermittent Feeds:**

Feeding Pump  Gravity  Syringe  Other, please specify:

Specific Feeding Times: \_\_\_\_\_

Volume of Formula: \_\_\_\_\_

Length of Time/Rate: \_\_\_\_\_

Amount of Water to be Flushed:

Before feed \_\_\_\_\_ mL(s)  After feed \_\_\_\_\_ mL(s)

\*Remove extension tube when feeding tube is not in use

**Continuous Feeds:**

Feeding Pump  Gravity  Syringe  Other, please specify:

If using pump, please specify rate: \_\_\_\_\_ mL(s) per hour

Does the tube need to be flushed, rinsed, and re-primed during school hours:  Yes  No

If flushed, please specify amount: \_\_\_\_\_ mL(s)



### Symptom Management

Reportable Symptom	Action Steps
Vomiting and/or diarrhea and/or gas or reported bloating during the feed *If the feed is going too fast, especially in the jejunum, it may cause vomiting, diarrhea, cramps, sweating, and/or fainting.	<ol style="list-style-type: none"><li>1. Stop the feed.</li><li>2. Clamp the tubing.</li><li>3. Disconnect the feed from the student, keeping both ends clean.</li><li>4. Unclamp the tubing and slowly flush 3-5 ml of water into the tube.</li><li>5. Clamp the tubing and disconnect.</li><li>6. Check the rate and amount of formula left to be administered.</li><li>7. Call the parent/guardian.</li></ol> *Remove the extension tube when feeding tube is not in use

Reportable Symptom	Action Steps
Gas or reported bloating (not during a feed)	<ol style="list-style-type: none"><li>1. Attach the extension tubing.</li><li>2. Open clamp and end of extension tubing and drain into cup or bag. This will allow air to escape. This is called "venting," "burping," or "decompressing."</li><li>3. If after venting the tube the symptoms are not relieved, or the student becomes more distressed, call the parent/guardian.</li></ol> *Remove the extension tube when feeding tube is not in use.
Formula stops dripping well	<ol style="list-style-type: none"><li>1. Check to see if the tubing is kinked.</li><li>2. Reposition the tubing.</li><li>3. If problem persists, clamp the tubing.</li><li>4. Disconnect the tube from the student, keeping both ends clean.</li><li>5. Flush 3-5 ml of water into the tube.</li><li>6. If resistance is met, stop immediately; clamp the tube and call the parent/guardian.</li><li>7. If the tube flushes freely, re-prime the tubing with the formula, connect, and re-start the feed as listed in this plan.</li></ol>



**Emergency Response**

<p><b>Dislodgement of the Feeding Tube:</b> While the dislodgement of a feeding tube is not a medical/life-threatening emergency, it does require time-sensitive intervention in order to prevent the need for invasive intervention (e.g., surgery); the risk of delayed intervention is that the stoma (opening in the skin) will close.</p>	<ol style="list-style-type: none"> <li>1. Place a clean folded towel, cloth, or gauze over the stoma (opening in the skin).</li> <li>2. Call the parent/guardian and inform them that the tube has been dislodged.</li> <li>3. If the parent/guardian cannot immediately be reached, contact emergency contacts as listed.</li> <li>4. If the parent/guardian/emergency contacts cannot be reached, call 911; inform dispatch that there is a student who has a feeding tube that has become dislodged and it needs to be replaced to prevent the stoma from closing. *If the tube becomes dislodged, be sure the tube accompanies the student to the hospital.</li> </ol>
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<p>(Licensed Prescriber's Stamp)</p>	<p>Licensed Prescriber's Printed Name: _____</p> <p>Licensed Prescriber's Signature: _____</p> <p>Date: ____/____/____</p> <p>Telephone Number: (____) _____</p>
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Rev 1/23

**\*\*Please note a new form is required every school year\*\***

**SCHOOL FAX NUMBERS**

High School: 440.995.6805  
Middle School: 440.449.1413  
Center: 440.995.7405

Gates Mills: 440.995.7505  
Lander: 440.995.7355  
Millridge: 440.995.7255

Excel TECC: 440.995.6755  
CEVEC: 440.646.1117  
Preschool: 440.995.6805