



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")

Medical Diagnosis/Specifics:	
Type of Tube Used: (please check one)	
<input type="checkbox"/> Gastrostomy Tube (G-Tube): A surgically placed feeding tube that passes through the belly wall into the stomach. <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. <input type="checkbox"/> Jejunostomy Tube (J-Tube): A surgically placed feeding tube that passes through the belly wall directly into the small intestine (jejunum). <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.	
Feeding Guidelines:	
The student can eat food by mouth: <input type="checkbox"/> Yes <input type="checkbox"/> No The student can have liquids by mouth: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any above please list instructions for food preparation, restrictions, and/or considerations the staff must follow: _____ _____	
Equipment: (parent will supply)	
<input type="checkbox"/> Syringes <input type="checkbox"/> Infusion Pump <input type="checkbox"/> A Pole <input type="checkbox"/> Bag Supply (prefer to have 2 weeks' supply on hand)	<input type="checkbox"/> Mic-Key Tube <input type="checkbox"/> Send home at end of week <input type="checkbox"/> Dispose <input type="checkbox"/> Food/Formula
Formula:	
Name: _____ Store: <input type="checkbox"/> Room Temperature <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please specify: _____	



Specifics of Tube Feed Management Continued

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

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"> 1. Stop the feed. 2. Clamp the tubing. 3. Disconnect the feed from the student, keeping both ends clean. 4. Unclamp the tubing and slowly flush 3-5 mls of water into the tube. 5. Clamp the tubing and disconnect. 6. Check the rate and amount of formula left to be administered. 7. Call the parent/guardian. *Remove the extension tube when feeding tube is not in use



Symptom Management Continued

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

Emergency Response

<p>Dislodgement of the Feeding Tube: 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"> 1. Place a clean folded towel, cloth, or gauze over the stoma (opening in the skin). 2. Call the parent/guardian and inform them that the tube has been dislodged. 3. If the parent/guardian cannot immediately be reached, contact emergency contacts as listed. 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. <p>*If the tube becomes dislodged, be sure the tube accompanies the student to the hospital.</p>
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(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: _____
	Licensed Prescriber's Signature: _____
	Date: ____/____/____
	Telephone Number: (____) _____

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

Gates Mills ● Highland Heights ● Mayfield Heights ● Mayfield Village