



PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF GASTROSTOMY TUBE FEEDING (G-TUBE) BY SCHOOL PERSONNEL

Special health care procedures may be administered at school by designated employees of the district when such treatment is necessary for school attendance. Prescribed G-tube feedings may be administered by a school nurse or employees designated by the principal. Supplies are to be provided in the original container and properly labeled. This completed form along with the supplies and/or special equipment items are to be brought to the school by the parent.

THIS INFORMATION IS CURRENT UNTIL NEW OR UPDATED INFORMATION IS RECEIVED OR FOR ONE CALENDAR YEAR FROM DATE OR UPDATE OF REQUEST.

BY _____

FILED IN NURSE'S OFFICE ON _____

- 1. Name of Pupil _____ Birth Date _____
2. Address _____ School _____
3. Condition for which prescribed treatment is required: _____ ICD 10 Code _____
4. Prior to feeding: RN only will confirm NG-tube placement Burp g-tube as needed: [] yes [] no
Check and return gastric residual: [] yes [] no Hold feeding for 1 hour if residual > _____ cc then recheck.
5. Type of G-tube device: _____ Type of formula _____
Frequency _____ Time(s) _____ Amount: _____ ml
Duration: _____ minutes by [] pump [] gravity drip [] bolus Flush with _____ ml of water after feeding
6. Additional fluid: [] yes [] no Type: _____ Frequency: _____ Time(s): _____ Amount: _____ ml
Duration: _____ minutes via [] pump [] gravity drip [] bolus
Parent/guardian may direct school personnel to make minor adjustment in additional fluid: [] yes [] no
7. Student may take food by mouth: [] yes [] no If yes and student needs restrictions or texture modifications- please fill out Dietary Order Form from Dallas ISD.
8. Notify parent/guardian for healthcare referral if: leakage, bleeding redness, swelling, drainage, tenderness, or hardness around stoma site; distended abdomen, vomiting or diarrhea, fever >= 101°F, tube migration, inability to flush tube or give feedings; or if g-tube comes out. Call EMS if g-tube dislodged > _____ min/hr.
Other: _____
9. RN will attempt to replace g-tube if only partially dislodged and is not contraindicated. G-tube placement to be verified by physician and/or parent prior to resuming feeding at school.
10. Other instructions: _____
11. Date of Request _____ Date of Termination _____
12. _____ / _____
Physician's Name (printed) Signature
_____ / _____
Physician's Address Telephone Number

We (I), the undersigned, the parents/guardians of _____ request the above medication or procedure be administered to our (my) child. We (I) authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above.

Nosotros, los padres/los tutores de _____ solicitamos que el medicamento o procedimiento anterior se administre a nuestro (mi) hijo. Nosotros (yo) autorizamos según sea necesario el intercambio de información relacionada con la salud de mi hijo entre la enfermera de la escuela (o su designado) y el proveedor de atención médica mencionado anteriormente.

Name / Relationship Telephone Home Business
Name / Relationship Telephone Home Business

MEDICATION OR SPECIAL PROCEDURE RECORD ADMINISTRATION

(This record is used by non-Health Services personnel administering medication/special procedures during the school day or field trips.)

Student's Name _____ Grade _____ School _____ School Year _____

Medication/Procedure _____ Dosage _____ Time(s) _____

After administering medication/special procedure, initial in the appropriate space. Use a separate form for each medication or procedure. Medications or special procedures that will be current for the next school year are to be kept in the Medication Notebook. Record the medication or procedure in the student's electronic health record daily. If indicated place a copy in the student's special education Individual Education Plan.

Codes: A = Absent, X = No School, M = Missed, N = No Medication, R = Refused *Shaded area in date box is for medication count.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
July																																
Aug.																																
Sept.																																
Oct.																																
Nov.																																
Dec.																																
Jan.																																
Feb.																																
Mar.																																
Apr.																																
May																																
June																																

Name _____	Initials _____	Name _____	Initials _____	Disposition: _____	Date _____
_____	_____	_____	_____	Medication/procedure discontinued _____	
_____	_____	_____	_____	Medication/special equipment returned to parents _____	
_____	_____	_____	_____	Medication disposal _____	