



G-tube/PO/Enteral Feeding Action Plan

ONLY FILL OUT IF YOUR CHILD HAS ENTERAL FEEDINGS OR SIGNIFICANT SWALLOWING ISSUES

Effective Date: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Parent Name(s): _____ Cell _____ Hm: _____ Work: _____

Other Contacts: _____ Cell _____ Hm _____ Work: _____

Health Care Provider's Name: _____ PH: _____ Fax: _____

MEDICAL DIAGNOSIS

Student will need G-tube Feeding while at school ____ No ____ Yes

Can student take anything by mouth? ____ No ____ *Yes If so please describe consistency (e.g. nectar-thick, no thin liquids, etc.): _____

Type of G-Tube: _____ Date of Placement: _____

Name of formula: _____

Gravity: ____ No ____ Yes Pump to be used: ____ No ____ Yes Type of Pump: _____ Flow Rate: _____ cc/hr

Steps to confirm tube placement: _____

Volume to be given: _____ cc over _____ minutes

Volume of water before feeding: _____ cc Volume of water after feeding: _____ cc

Feeding times while at school: _____

Positions: During Feeding: _____ After Feeding: _____

Medication to be given with feeding: ____ No ____ *Yes- Name of Medication/Instructions: _____

*An "Administration of Medication at School" form must be completed by parent and physician to administer any medication at school. *

List of supplies that parents will provide to school: _____

(Parents must supply all g tube supplies, formula and suction as necessary, with replacement tubing every 30 days or per manufacturer recommendation)

Any problems/concerns/reasons to withhold feeding: _____

Emergency Plan and Directions to follow should the tube become dislodged: _____

Additional Information (e.g. transition plan, types of oral intake allowed as well as times and amount allowed) : _____

(If the gastrostomy button/tube is inadvertently removed or comes out at school, the School Health Personnel will immediately call the parent/guardian. The parent/guardian will be responsible to pick up the student. The school nurse will attempt to reinsert the button/tube.)

Other Considerations:

- G-Button pulled out of stoma – RN can replace or re-insert. If unable, cover with a clean gauze and notify parent/guardian immediately.
- Skin breakdown around site exhibited by redness, drainage, irritation, and bleeding- treat per Doctor's guidelines, notify parent/guardian.
- Aspiration of fluid into lungs exhibited by difficulty breathing or changes in color – Stop feeding immediately and notify parent/guardian.
- Intolerance of feeding exhibited by nausea, vomiting, cramping, coughing and/or gagging – Stop feeding. Check the rate of the feeding; may need to be decreased. Notify parent/guardian
- If transitioning to solid foods, an outside OT and GI will need to be contacted and new plan for each transition will need to be written. Each plan must detail types and frequency of oral foods and beverages

*Students who require the use of a feeding tube at school will be allowed to participate in school sponsored activities/field trips, but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the activity.

Physician Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____