G-TUBE FEEDING ORDERS

BELLEVUE SCHOOL DISTRICT 2021-2022

Name:		DOB:		Date:	
School:		Grade/Teacher:			

HEALTH CONCERN – G tube feeding

PHYSICIAN ORDER FOR G-TUBE FEEDING PROCEDURE

☐ Feeding by gravity ☐ Feeding by pump

Procedures for feeding student:

1. **Position Student**:
   - ☐ Sitting upright ☐ Semi-reclining at _____ degree angle
   - ☐ Other: _____ ☐ Remain upright for _____ minutes
2. **Aspirate**
   - ☐ I DO NOT order to check for aspirate
   - ☐ I DO order to check for aspirate. If aspirate is greater than _____mL contact parent.
3. **Flushing**:
   - ☐ I DO NOT order for G-tube to be flushed.
   - ☐ I DO order G-tube to be flushed: ☐ BEFORE feeding or medication with _____ mL's of water
   - ☐ AFTER feeding or medication with _____ mL's of water
4. **Please specify diet/fluid:**
   Type/name of formula: _____ Amount: _____ Rate: _____
   Frequency of feeding during the school day: _____
   - ☐ Other orders: _____
5. **Change or orders** – type of formula; rate and volume of formula and/or water.
   - ☐ I DO NOT give parent/guardian permission to modify the orders.
   - ☐ I DO give parent/guardian permission to modify the orders without contacting the health care provider.

**** PLEASE NOTE: The School Nurse is NOT always in the school building and trains non-medical staff to administer medication.*** *In accordance with RCW 18.79.040, if a registered nurse is on site, he/she may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment. Your signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this order.*

Licensed Health Care Provider's signature: _____ *Signature authorizes medication for length of school year*	**Date:**		**Phone:**	
	School year:		**Fax:**	
I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*				
Parent/Guardian signature: _____	**Date:**		**Phone:**	

School Nurse:	, RN	**Email:**	@bsd405.org	**Phone:**	425-456-
				Fax:	425-456-