

G-tube Feeding Plan & Emergency Action Plan

Student Name: _____ Date: _____

TYPE OF TUBE

1. What type of tube does the student have: Nasogastric Orogastric
 Gastrostomy Percutaneous Endoscopic Gastrostomy Jejunostomy

2. Does the feeding tube have more than one port? Yes No

*If yes, each port must be clearly labeled so that we are aware of which one is for medication, which one is for feeding, and which one is to inflate the balloon.

MEDICATION ADMINISTRATION

3. Will the student require medication administration through their tube during school? Yes No (If yes, please continue below. If no, skip to question 4).

A. If a non-liquid medication, how should this medication be administered?

Crushed Dissolved in water Other: _____

B. If multiple medications, can the medication be administered all together?

Yes No

C. Does the participant require a water flush after medication?

Yes No; If yes, please explain: _____

FEEDING INSTRUCTIONS

4. The student must have a doctor's order and is on a specific feeding schedule which will require for feeding at school.

A). What type of formula feeding does the student consume? _____

B). How much of the formula should be given to the student? _____

C). Does the participant require a water flush after a feeding? Yes No;

If yes, please explain: _____

D). Should we expect to have difficulties with the tube clogging? Yes No

If yes, please explain how to unclog the tube: _____

EMERGENCY CARE INSTRUCTIONS

5. If we see drainage around g-tube area, how should we care for and clean the affected area?

- Soap & Water Antiseptic solution
- Ointment Cover with G-Tube gauze
- Other: _____

Please explain: _____

6. Should the G-Tube happen to come out during school, how long can the tube be out before the stoma closes up? _____

A) . Please list the procedures we should follow if the G-Tube comes out during a Respite event.

If the students G- Tube falls out, please follow the procedures below:	Call 911 immediately if...
1.	
2.	
3.	

By signing below, I acknowledge that the information provided above is the most recent and up-to-date medical information for the above listed student. In the event of an emergency, I give my permission for River Valley Schools to seek emergency medical care and treatment from the physician and/or hospital that I identify.

PARENT SIGNATURE: _____ **DATE:** _____