SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
Student Health Services Department
ENTERAL FEEDING REQUIRED AT SCHOOL
Physician Orders/Parent Permission
SCHOOL YEAR 20____-20____

Student Name: _____ Grade: _____ ID#:_____ DOB: _____

☐Nasogastric ☐Gastrostomy ☐Jejunostomy Device:☐Tube ☐Button Diagnosis: _____

PROCEDURE:

1. Recommended method for verifying feeding tube placement:

_____

2. Formula: _____ Amount: _____ Time(s):_____
(Please give range of time when possible to accommodate school schedule)

3. Method: ☐ Gravity drip over period of _____ minutes. ☐ Feeding pump at rate of _____ ml/hr.
After each feeding, flush the tube with _____ cc's of tap water.

4. Position child with head and upper body elevated at least 45 degrees. Keep child upright after feeding for _____ minutes.

5. ☐Do check for residual prior to feeding ☐Do not check for residual prior to feeding
If residual is greater than _____cc's, hold feeding for ____ minutes, then recheck.

6. If the tube becomes dislodged:_____

_____

7. If the tube becomes clogged: _____

_____

8. Clean feeding set after final feeding of the day with: ☐ tap water only ☐soap and tap water.
Frequency of feeding set change:_____
Frequency of extension tubing change:_____

9. Clean gastrostomy site: ☐every feeding ☐daily ☐only as needed ☐other:_____

ADDITIONAL INSTRUCTIONS/PRECAUTIONS:

_____

_____ _____
Printed Name of Physician Physician Signature

_____ _____ _____
Date Office Phone Office Fax

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my child to receive enteral feedings as prescribed above by my child's physician. This permission is valid for any physician order change(s) during the current school year. I also give permission for the nurse to consult with the prescribing physician regarding the enteral feeding orders.

Adjustment in the feeding or discontinuation of the feeding requires a written, signed physician's order.

I will provide the required equipment and supplies to the school clinic.

_____ _____ _____
Parent/Guardian Signature Daytime Phone Number Date