

GASTROSTOMY TUBE TREATMENT AUTHORIZATION FORM

School: Student #: Grade:	Other death Name of					1000	-	
General Gastrostomy Guidelines Feedings via a gastrostomy should be performed at school only when absolutely necessary. Whenever possible the parent/guardian and licensed health care provider (LHCP) are urged to design a schedule for feedings outside of school hours. It is understood that trained unlicensed personnel may perform some treatments per state law (tasks delegable per registered nursing licensure). If a student must receive a feeding via a gastrostomy during school hours or when the student is under the supervision of school officials, the following procedures must be followed. A gastrostomy may be used once a completed Gastrostomy resolution of school officials, the following procedures must be followed. A gastrostomy may be used once a completed Gastrostomy resolution of school officials, the following procedures must be followed. A gastrostomy may be used once a completed Gastrostomy resolution of the current academic school year, including summer school, unless a shorter time period is specified. Chubes cannot be reinserted in the school setting by staff at Everett Public Schools. If a G-tube is disloded at school, the parent/guardian will be contacted to come to the school to reinsert the tube. If parents cannot be reached within 30 minutes and school may be considered limitature (**Okk fol), the student will be transported to the emergency room with their emergency of the best will call 91 if after 60 minutes for transport to the emergency room. Families are encouraged but not required to provide an Emergency G-tube kit. Physician Order for Administration of Gastrostomy Feedings During School Hours Tube type: Gastrostomy Jejunum Gastrostomy/Jejunum Mature Stoma? Yes No Polymican Recipe/Formula/Solution: substitution per family allowed? Yes No Polymican Recipe/Formula/Solution substitution per family allowed? Yes No Poeding Recipe/Formula/Solution substitution per family allowed? Yes No Poeding Recipe/Formula/Solution substitution per family allowed? Ye	Student Name:					DOB:		
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Bolus Type: Syringe Push Gravity/Drip Pump @ rate/hr Volumes, rate and timing may be adjusted per parent discretion at school? Yes No Positioning: Sitting upright or semi-reclining Other: Does G-tube need to be vented at school? Yes No Per parent Conditions under which feeding should not be given: PO foods allowed: Yes No Per parent PO Liquids allowed: Yes No Per parent LHCP SIGNATURE/ INFORMATION I request and authorize that the above-named student receive the above-identified medication(s) in accordance with the instructions indicated, beginning with the day _ of _ , 20 _ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours. LHCP Signature: Date: LHCP Printed Name: LHCP Phone: LHCP Fax: THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN • Due to unforeseen circumstances, I understand a scheduled feeding may be delayed or missed. • All feeding solutions, supplied by the parent/guardian, must be in the original, properly labeled container. • My signature below indicates that I have read and understand and will abide by the district medication policy 3416. • Parent/Guardian Printed Name and Signature: Date: Home Phone #: Work #: Mobile #:	□ <u>DO NOT</u> pause continuous feeds, or limit to			☐ G-Tube		☐ Yes-An	nount:	
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