



LABBB Health Office At Lexington High School
251 Waltham Street Lexington, MA 02421
Tel: 781-861-2400 ext 1009
Fax: 781-861-1351
healthoffice@labbb.net

PHYSICIAN'S ORDER FOR G-TUBE FEEDINGS AT SCHOOL

Student Name: _____ Date of Birth: _____
Allergies: _____

The treatments needed during school hours are:

- Feeding by gravity Feeding by pump

Procedures for feeding student:

1. Position Student:

- Sitting upright or semi-reclining with head at _____ degree angle AND/OR
Remain elevated for _____ minutes after feeding is administered

2. Aspirate

- I DO order to check for aspirate
If aspirate is greater than _____ cc FEED
Delay feeding for _____ minutes and repeat aspiration
DO NOT FEED
If aspirate is greater than _____ cc, contact parent

- I DO NOT order to check for aspirate

3. Flushing

- I DO order G-Tube to be flushed: BEFORE feeding or medication with _____ cc of water
AFTER feeding or medications with _____ cc of water
I DO NOT order G-tube to be flushed

4. Please specify diet/fluid:

TYPE /NAME OF FORMULA _____ AMOUNT _____ RATE (if pump): _____
Frequency of feeding during the school day: _____

Please give _____ cc of FREE WATER at (indicate time/frequency) _____

5. COMMENTS:

(Physician Signature)

(Date)

(Physician Name Printed)

(Physician Telephone Number)

I, the undersigned Parent/Guardian of _____, hereby request the School Nurse or trained staff member to administer the above procedures according to Physician's instructions. I agree to furnish all equipment, supplies, medication, or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary. I agree to notify the School Nurse if there is any change in the student's status or Physician's orders

Parent/Guardian Signature: _____ Date: _____
Home Phone: _____ Work: _____ Cell: _____



LABBB Health Office At Lexington High School
251 Waltham Street Lexington, MA 02421
Tel: 781-861-2400 ext 1009
Fax: 781-861-1351
healthoffice@labbb.net

GASTRONOMY TUBE POLICY

Gastronomy Feeding

For any student with gastronomy tube feedings, a physician will complete and sign orders indicating food, fluid, and/or medications to be administered in the gastronomy tube at school. Orders must include

1. Steps to confirm feeding tube placement
2. Frequency, type, and amount of formula
3. Time of the feeding(s)
4. Additional fluid requirements to flush (i.e., to tube and for hydration)
5. Guidelines for withholding enteral nutrition based on results of a check for gastric residuals before bolus or intermittent feeding.
6. Student positioning during feeding
7. Directions to follow should the tube become dislodged
8. Emergency procedures
9. Gastronomy tube stoma care

Written parent/guardian consent is required for all specialized procedures performed in school including gastronomy feeding and dressing changes.

Gastronomy tube orders must be updated yearly and whenever there are changes made. This includes changes to the prescribed formulas, times, or medications administered in the gastronomy tube.

Parents/Guardians are responsible for providing all equipment necessary for feedings

Tube feed formulas must be sent to school in the manufacturer's packaging.

Gastronomy tube feedings will be administered by licensed health care providers such as a registered nurse or licensed practical nurse or designated, trained school personnel under the direct or indirect supervision of the school registered nurse. The student may perform this procedure independently if ordered by licensed prescriber.

Only school nurses can administer medications in a gastronomy tube.



LABBB Health Office At Lexington High School

251 Waltham Street Lexington, MA 02421

Tel: 781-861-2400 ext 1009

Fax: 781-861-1351

healthoffice@labbb.net

Dislodgement of Gastronomy Tube Feeding Device

All students with gastronomy tubes must have instructions signed by a physician for tube dislodgement in school. Written parent/guardian consent is also required for gastronomy tube replacement.

Gastronomy tube dislodgement and replacement instructions should include:

1. Who to call when tube becomes dislodged
2. Specific supplies necessary for tube replacement, including the tube manufacturer and size of device
3. Student-specific instructions for tube replacement
4. Student-specific instructions for if the school nurse is unable to replace the gastronomy tube. The school nurse will place a dressing over the gastronomy stoma if he/she is unable to replace the tube.

Parents/Guardians must provide a new gastronomy tube feeding device for school nurses to keep on hand in the event of dislodgement. Parents/guardians must also provide any additional supplies required for tube replacement.

A physician or nurse practitioner must replace a gastronomy tube that is new and has never been changed. A school nurse cannot replace a new gastronomy tube.

In the event of tube dislodgement for students who do not have signed physician instructions for tube replacement, the gastronomy stoma will be covered with a dressing and parents will be notified immediately.