



# Tube Feeding Order Form

\*Care plan is valid for one calendar school year and must be updated by physician with any changes made to medication, dosage, or treatment throughout the school year\*

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School/Program: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Type of Tube: \_\_\_\_\_ Tube Insertion Date: \_\_\_\_\_

### Contact Information

#### First Contact

#### Second Contact

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (1): \_\_\_\_\_

- Parent/Guardian will be notified if the tube/button becomes clogged or dislodged.
- School staff **cannot/will not** forcefully flush the tube/button.
- School staff **cannot/will not** replace or reinsert a tube/button.
- It is parent/guardian responsibility to provide all required supplies in original containers, unopened and not expired
- Bagging and tubing will be changed according to care plan orders. Please send enough supplies accordingly plus a set of back up supplies.

I agree to have the information in this two page plan shared with staff needing to know and for staff to contact the treating healthcare professional for clarification of this plan if needed. I give permission for Holly Area Schools staff to give the treatment as ordered on page two of this care plan. Signature from parent and physician must be present for form to be valid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*\* Holly Area Schools do not have medical personnel present to administer medication/treatment. If appropriate, please order medication/treatment to be administered at home \**



# Tube Feeding Order Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_

*\*This form is only intended for tube feeding orders or food/liquid restrictions. Any medications that are needed to be administered must be written on the medication form\**

If you see this:	Trained staff perform these actions:
If Tube falls out ⇒	<ul style="list-style-type: none"> <li>- Wash hands. Put on Gloves.</li> <li>- Cover hole with gauze &amp; tape in place</li> <li>- Contact primary caregiver</li> </ul>
If device is not fully dislodged ⇒	<ul style="list-style-type: none"> <li>- Secure device where it is with tape &amp; notify caregiver of incidence</li> </ul>

**Liquid oral Intake:**  No restrictions  Nothing by mouth (NPO)  Liquid/food restrictions

If oral intake restrictions present:  No thin liquids  Nectar thick Lq  Honey thick Lq  
 Pudding thick Lq

Thickener recommendation: \_\_\_\_\_ Amount of thickener: \_\_\_\_\_/8 oz of liquid

**Food Consistency:**  No restrictions  NPO  Pureed  Soft  Mashed  Chopped

Any solid food restrictions (please specify): \_\_\_\_\_

### Tube Feeding Instructions

Type of Tube: \_\_\_\_\_ Formula Name: \_\_\_\_\_

**Check residual before beginning feeding-** If above \_\_\_\_\_ ml- hold for \_\_\_\_\_ min.

**Gravity/Bolus feedings:** Start time: \_\_\_\_\_ Amount: \_\_\_\_\_ OZ/ \_\_\_\_\_ (time)  
Start time: \_\_\_\_\_ Amount: \_\_\_\_\_ OZ/ \_\_\_\_\_ (time)

**Pump Feeding:** Start time: \_\_\_\_\_ Flow rate: \_\_\_\_\_ ml/hr Total volume: \_\_\_\_\_  
Pump name: \_\_\_\_\_

**Give Free Water:** Give \_\_\_\_\_ ml of water after tube feeding is complete.

**Student to remain in upright position for 30 minutes after feeding**

Additional Instructions: \_\_\_\_\_

*Physician/Licensed Prescriber Order & Agreement with Protocol (as outlined in this plan)*

**Physician/Licensed Prescriber Name (Print):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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- Any changes to tube feedings will require a new form to be filled out by the physician.
- The student will remain in an upright position for 30 after feeding, if directed in physician orders.
- Tap water will be used for all flushes/bolus water, unless otherwise noted by the physician orders, or requested by the parent. If bottled water is requested, the parent must supply the bottled water.
- Unused portions of the opened formula will be labeled with the student name, date, and time it was opened and placed in the refrigerator. It may be used for up to 24 hours then it is to be discarded.
- Feeding pump sets will be cleaned with water and allowed to air dry on a clean paper towel between feedings. Pump sets will be used for no longer than 24 hours and will then be discarded after that time.
- Extension tubing and syringe may be used for up to 4 weeks before being discarded.
- Extension tubing and syringe must be rinsed and cleaned out after each feeding and left to air dry on a clean paper towel. If needed, extension tubing and syringe may be washed and cleaned with soap and water. It is to then be rinsed very well and left out to air dry. All ports must remain open while air drying.
- If extension tubing or syringe become unable to be cleaned properly, please discard and replace with new supplies.
- All formula and feeding tube supplies will be provided by the parent. It is the parents responsibility to make sure the school has the supplies needed and they are not expired. No expired supplies or formula can be used by school personnel.
- Please supply the school with an extra backup set of tubing and syringe in case it is needed to prevent disruption in the students feeding schedule.