

Escondido Union High School District
Health Services
G Tube Feeding Physician Orders

Name of Student:

School Year

School:

Date of Birth

Grade:

Physical condition for which standardized procedure is to be performed:

Type of feeding:	Bolus by gravity		Pump	
Check Residual:	No	Yes	Hold if residual > _____ CC	Recheck residual in _____ Minutes
Name of formula:				
Total volume to be delivered:				
Approximate time to start feed:				
Flush:	_____ CC water before		_____ CC water after	
Position during feeding:				
Venting allowed	No		yes	
NPO	NO	YES	If student is not NPO: list Diet:	
Additional health care provider's comments:				

Note to Health Care Provider/Parent/Guardian:

- The parent/guardian will be notified if a tube becomes clogged or dislodged.
- School personnel cannot forcefully flush or replace a tube in the stomach.
- Feeding formula must be sent to school in the original unopened container.
- Feeding formula and new equipment must be sent to school every 3-5 days.

Procedure described above requires annual review and authorization of attending physician. Any changes in procedure prior to annual review require written recommendation of attending licensed physician.

 Printed name of the MD, ARNP, or PA

 Date

 Signature MD, ARNP, NP, DO or PA

 Fax number

 Address/ phone number

- In accordance with California law, I request that my child, _____, be given the specialized physical health care service by qualified persons and by use of a standardized procedure. I will notify the school immediately if there is a change in my child's health status, procedure, or if we change physicians, and I will keep emergency medical care information up-to-date for school personnel. I will comply with the school's policies and procedures. I hereby give permission for the above information be verified with the above health care provider.

 Signature of the parent/guardian

 Date

 Relationship to student

 Phone number