



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: _____ 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 certify that I have legal authority to consent to medical treatment/care for the student named above, including administration of medication, or treatment/care at school. I agree to have the information in this medical care plan shared with staff when needed. I authorize 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 within this care plan. Signature from parent and physician must be present for form to be valid. I will not hold HAS Board of Education, its personnel or employees responsible for complications related to treatment/care administered pursuant to this plan.

Parent/Guardian Signature _____
Date

Holly Area Schools is not a medical facility. To the extent practicable and safe for the student, medication should be administered during non-school hours.



Holly Area Schools

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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"> - Wash hands. Put on Gloves. - Cover hole with gauze & tape in place - Contact primary caregiver
If device is not fully dislodged ⇨	<ul style="list-style-type: none"> - Secure device where it is with tape & notify caregiver of incidence

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: _____

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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.