

Must be completed by a
Licensed Health Professional

School City of Hammond
Health Services

G-Tube Action Plan

Effective Date _____

Name: _____ DOB: _____ School: _____ Grade: _____

Parent Name(s): _____ Cell _____ Hm: _____ WK _____

Other Contacts: _____ Cell _____ Hm _____ WK: _____

Health Care Provider's Name: _____ PH: _____ Fax: _____

MEDICAL DIAGNOSIS

Student will need G-tube Feeding while at school ___No ___Yes

Can student take anything by mouth? ___No ___Yes

Type of G-Tube: _____ Date of Placement: _____

Name of formula: _____

Gravity: ___No ___Yes

Pump to be used: ___No ___Yes Type of Pump: _____ Flow Rate: _____ cc/hr

Steps to confirm tube placement: _____

Volume to be given: _____ cc over _____ minutes

Volume of water before feeding: _____ cc

Volume of water after feeding: _____ cc

Feeding times while at school: _____

Positions: During Feeding: _____ After Feeding: _____

Medication to be given with feeding: ___No ___*Yes- Name of Medication/Instructions: _____

*An "Administration of Medication at School" form must be completed by parent and physician to administer any medication at school.

List of supplies that parents will provide to school: _____

(Parents must supply all g tube supplies, formula and suction as necessary, with replacement tubing every 30 days or per manufacturer recommendation)

Any problems/concerns/reasons to withhold feeding: _____

Emergency Plan and Directions to follow should the tube become dislodged: _____

(If the gastrostomy button/tube is inadvertently removed or comes out at school, the School Health Personnel will immediately call the parent/guardian. The parent/guardian will be responsible to pick up the student. The school staff will not attempt to reinsert the button/tube.)

Other Considerations:

- G-Button pulled out of stoma – cover with a clean gauze and notify parent/guardian immediately.
- Skin breakdown around site exhibited by redness, drainage, irritation, and bleeding- treat per Doctor's guidelines, notify parent/guardian.
- Aspiration of fluid into lungs exhibited by difficulty breathing or changes in color – Stop feeding immediately and notify parent/guardian.
- Intolerance of feeding exhibited by nausea, vomiting, cramping, coughing and/or gagging – Stop feeding. Check the rate of the feeding; may need to be decreased. Notify parent/guardian.

*Students who require the use of a feeding tube at school will be allowed to participate in school sponsored activities/field trips but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the activity.

Physician Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Health Service Staff Signature: _____ Date: _____

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G-Tube Care Plan Continued

Student's Name: _____ Date of Birth: _____ Effective Date _____

Additional Information:
