

Tube Feeding Order Form

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

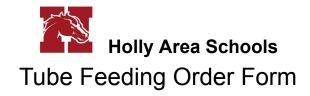
Student's Name:			School Year:
Date of Birth:	Age:	School/Prog	gram:
Grade: [Diagnosis:		
Type of Tube:		Tube Insertion Da	te:
		Information	
Fir	st Contact		Second Contact
Name:		Name:	
Phone (1):		_ Phone (1):	
 Parent/Guardian 	will be notified if the	e tube/button beco	omes clogged or dislodged.
School staff can	not/will not forcefu	Ily flush the tube	/button.
School staff can	not/will not replace	or reinsert a tube	e/button.
 It is parent/guard 	lian responsibility to	provide all requir	ed supplies in original
containers, unop	ened and not expire	ed.	
 Bagging and tub 	ing will be changed	according to care	plan orders. Please send
enough supplies	accordingly, plus a	set of back up su	pplies.
above, including admining information in this medicontact the treating heat permission for Holly Are Signature from parent a	istration of medication cal care plan shared althcare professional ea Schools staff to go and physician must be personnel or employ	on, or treatment/c I with staff when r for clarification o ive the treatment be present for forr yees responsible	ment/care for the student named are at school. I agree to have the needed. I authorize staff to f this plan, if needed. I give as ordered within this care plan. In to be valid. I will not hold HAS for complications related to
Parent/Guardian Signature			Date

5/2024 **Office Use:** Skyward Alert: ___ Email: ___ Date: ____ Initials: ____

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.

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This form is only intended for tube feeding orders	te of Birth: School Year:s or food/liquid restrictions. Any medications that t be written on the medication form				
If you see this:	Trained staff perform these actions:				
If Tube falls out ⇒	Wash hands. Put on Gloves.Cover hole with gauze & tape in placeContact primary caregiver				
If device is not fully dislodged ⇒	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 aboveml- hold for min.					
□ Gravity/Bolus feedings: Start time:	Amount: OZ/ (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					
	the extent practicable and safe for the student, tered during non-school hours.				
Physician/Licensed Prescriber Name (Print):					
Phone Number:					
Signature:	Date:				



- 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 day. 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.