



**HEALTH SERVICES**

Prosper Independent School District

**Tube Feeding Management and Treatment Plan**

\*This form to be renewed annually and as changes occur.

Student: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Date of Plan: \_\_\_/\_\_\_/\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN:** Please complete this form based on your examination and knowledge of this student.

Diagnosis: \_\_\_\_\_

Type of button/tube: \_\_\_\_\_ Date placed: \_\_\_\_\_

**PROCEDURE FOR FEEDINGS:** (Parent/guardian to provide all supplies for procedures)

- Type of formula/fluid to be given via Gastrostomy tube/button:
  - Pre-Packaged Formula (ex: Pediasure, Jevity): \_\_\_\_\_
  - Homemade Formula (Parent prepares at home based on physician's orders)  
If Homemade formula, list the ingredients and corresponding amounts/volumes/proportions that should be included:  
\_\_\_\_\_  
\_\_\_\_\_
- Amount of formula/fluid to be given at each feeding: \_\_\_\_\_
- Times to be administered (\*administration may vary up to 1/2 hour to accommodate school schedule):  
\_\_\_\_\_
- Administration
  - If the student's tube has more than one port, which should feedings be given through?  gastric  jejunal
  - Administer by gravity drip or bolus feed over a period of \_\_\_\_\_ minutes.
  - Administer by infusion pump at a rate of \_\_\_\_\_ cc's per hour.
- After each feeding, flush tubing with \_\_\_\_\_ cc's of tap water.
- The extension set, syringe/bag will be cleaned with warm water after each feeding and with soapy water at the end of each day.  
How often should the feeding bag be replaced? \_\_\_\_\_ The extension set? \_\_\_\_\_

**PROCEDURE FOR MEDICATIONS VIA TUBE:**

What medications will need to be given via gastrostomy tube while at school?

Medication	Dosage	Route	Time
		<input type="checkbox"/> Gastric port <input type="checkbox"/> Jejunal port	
		<input type="checkbox"/> Gastric port <input type="checkbox"/> Jejunal port	
		<input type="checkbox"/> Gastric port <input type="checkbox"/> Jejunal port	

**PROCEDURE FOR ORAL FEEDINGS:**

This student  MAY  MAY NOT have any foods/liquids by mouth.

- TEXTURE MODIFICATION:**  Regular (no modification)  Thin pureed  Thick pureed  Mechanical soft  
 Ground  Other: \_\_\_\_\_
- LIQUID MODIFICATION\*:**  Thin/regular  Nectar  Thin pudding/honey  Thick pudding  
\*Parent's responsibility to provide thickener to the school for all prescribed modifications.
- Amount of food/liquid to be given at each oral feeding: \_\_\_\_\_
- Times during the school day for oral feedings: \_\_\_\_\_
- Special oral feeding techniques/instructions: \_\_\_\_\_
- Formula feeding by tube should be decreased by \_\_\_\_\_ if over \_\_\_\_\_ ingested orally.

**ADDITIONAL INSTRUCTIONS:**

- Procedure for checking residuals (if prescribed): \_\_\_\_\_
- Procedure for venting (if prescribed): \_\_\_\_\_
- Actions to be taken if the student exhibits moderate to severe gagging or signs of discomfort during feeding? \_\_\_\_\_
- The child's head and shoulders should be raised at least 30-45 degrees during feedings. Other positions permitted during feedings: \_\_\_\_\_
- Positioning and activity following feeding: \_\_\_\_\_
- Procedure for clearing tube if clogged: \_\_\_\_\_
- Recommendations for care of skin around tube site: \_\_\_\_\_
- **Tube dislodgement.** School staff will not place or reinsert enteral feeding tubes in the school setting. In the event a tube becomes dislodged in the school setting, the tube will either be removed and stored in a baggie, or temporarily secured in the stoma opening to maintain patency, until the parent/guardian can replace the tube and verify placement per physician direction.

**What action(s) should the parent take to replace a dislodged tube and verify placement prior to the school resuming use?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• **Nasogastric Tube Verification of Placement**

What measurement should be observed for appropriate placement of the NG tube? \_\_\_\_\_

Per PISD protocol, an RN will verify appropriate NG tube placement prior to school administration of all feeds, flushes, and medications to be given via the NG tube.

Initial Placement (first school use after tube placed/replaced by parent/guardian or outside provider)

- pH Measurement of Aspirate (parent to provide necessary supplies): pH must be  $\leq 5$  AND
- Verification of external measurement mark on the tube at level of the nare.

Ongoing (after initial placement verified by PISD RN): Placement will be verified by at least 2 of the following methods:

- pH Measurement of Aspirate: pH must be  $\leq 5$
- Verification of external measurement mark on the tube at level of the nare
- Air Auscultation
- No observed change in patient assessment

- Other instructions: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Clinic/facility: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN -----**

We (I) the undersigned, the parents/guardians of \_\_\_\_\_ request that the above Tube Feeding Management and Treatment Plan be implemented for our (my) child. I understand that the school administration will appoint a qualified designated person to perform the above mentioned health care service. It is my understanding that in performance of the service, the designated person(s) will be using a standardized procedure that has been approved by the physician. I will notify the school immediately if the health status of my child changes, I change physicians, or the procedure is canceled or changed in any way. I understand that whenever possible the specialized health care procedure should be scheduled outside of school hours. I also give my consent to release medical/health records and give permission to appropriate school staff to contact the physician/health care provider for additional information if needed. I understand that it is my responsibility to provide the necessary equipment and supplies in order for the above healthcare service to be performed at school by district personnel. If the physician has prescribed a homemade formula for my child, I agree to follow the recipe as indicated on page 1 of this document for feedings to be given at school.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_