

# The Maryland School for the Blind

## GASTROSTOMY TUBE FEEDING ORDER FORM FOR SCHOOL FEEDINGS COMPLETE FOR ALL GT FEEDINGS AT SCHOOL Health Center - School Year 2011-2012

STUDENT'S NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

Gastrostomy Tube Size: \_\_\_\_\_ FR \_\_\_\_\_ cm

Formula Name: \_\_\_\_\_

Times	Formula Amount	Water Amount	Rate

Special Evaluations: \_\_\_\_\_

Feeding Method:  Bolus  
 Gravity Drip  
 Feeding Pump (type of pump \_\_\_\_\_)

Feeding Position:  Sitting  
 Supine with head elevated  
 Side-lying on the right with head elevated  
 Side-lying on the left with head elevated  
 Prone on wedge with head elevated and to one side

How often does the gastrostomy site need to be cleansed?  
 Every feeding  Daily  Only as needed  Other: \_\_\_\_\_

What needs to be used to clear around the gastrostomy site? \_\_\_\_\_

For gagging, before or during feeding, discontinue the feeding immediately:  
 Clamp the feeding tube. Attempt feeding in 15-30 minutes if gagging has stopped.  
 Place open syringe in unclamped tube. Hold at the level of the student's head.

For vomiting after a feeding:  
 Facilitate the student's ability to clear his/her mouth by positioning his/her head forward.  
 Open the feeding tube and allow it to drain into a container if vomiting continues. This can be accomplished by placing an open syringe in an unclamped tube and holding it at the level of the student's head.

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**GASTROSTOMY TUBE FEEDING ORDER FORM FOR SCHOOL FEEDINGS**  
CONTINUED

If tube becomes clogged, Nursing only will:

- \_\_\_ Force water or Coca-Cola into tube, then aspirate. Repeat process as necessary.
- \_\_\_ Move the gastrostomy tube in and out and in a rotating position.
- \_\_\_ Position the gastrostomy tube in a position that is free of directional tension and slightly above the ostomy site.

Gastrostomy device/tube falls out, bring the student to the Health Center immediately:

- \_\_\_ Nurse at MSB may replace the tube.
- \_\_\_ How soon does the tube need to be reinserted? A.S.A.P. \_\_\_\_\_
- \_\_\_ Contact parent, save tube, cover gastrostomy site with gauze. Parent will replace the tube.
- \_\_\_ Other: \_\_\_\_\_

**IF TUBE IS TO BE REPLACED BY NURSE AT SCHOOL, PLEASE SEND A REPLACEMENT TUBE WITH THE STUDENT.**

\_\_\_\_\_  
**Physician's PRINTED First and Last Name**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Physician's Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's Phone Number**

\_\_\_\_\_  
**Physician's Fax Number**

For more information contact:  
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