

Medical Orders for Gastrostomy Feeding

Student's Name	Date of Birth	School

This form is to be completed by the medical practitioner.

Type of Gastrostomy device used:	
Tube name	
Gastrostomy button name	

Insertion Date: _____ Was a fundoplication performed? No Yes If yes, when: _____

Care of Feeding Tube

The following care will be done for the tub/button insertion site:

The G-tube insertion site and the external anchor (if applicable) will be assessed daily. The area will be cleansed with a mild soap and water only if necessary, during the school day. Routine skin care is encouraged to be done at home. The parent(s) will be notified if any irritation, gastric leakage or trauma is noted at the site.

Other recommended action: _____

Should the feeding tube become dislodged, the following will be done:

The tube will be washed with soap and water, reinserted by RN and taped in place. The parent(s) will be notified immediately. Nothing will be given via the tube when the balloon is deflated. If RN unavailable, G-tube area will be covered with gauze and parent to be notified.

Additional instructions: _____

Tube Feedings

Check for gastric residual prior to feeding? Yes No
 Liquid feeding solution name: _____ Amount to be given: _____
 Rate of delivery: _____ Method of delivery: _____ Frequency of feeding: _____

G-Tube should be:	Yes	No
Vented pre-feeding?	<input type="checkbox"/>	<input type="checkbox"/>
Vented PRN?	<input type="checkbox"/>	<input type="checkbox"/>
Flushed with water post feeding?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much?		

Should water be given periodically during the day, via the G-tube? Yes No

If yes:	
Under what circumstances?	
What amount?	
Method of delivery:	

Additional Comments/Instructions:

Role	Name	Signature	Date
Medical Practitioner			
Parent			