

Tube Feeding (Gastrostomy) Procedures

Definition: A medical procedure to provide adequate fluids, nutrition, or medication through the abdominal wall for a student who is unable to accomplish this orally.

Indications: Physically or health impaired students who are unable to orally consume adequate fluids or solids to satisfy nutritional needs, students who may have anomalies of the intestinal tract, students prone to reflux of gastric contents, or aspiration of food and fluids into the lungs, and/or students with severe oral feeding difficulties.

Equipment: (Parent responsibility)

- Physician's order and parent authorization (required annually)
- Syringe with catheter tip
- **Unopened container** of prescribed pureed food pouches, supplement, formula, medication or liquid
- Clamp for tube
- Continuous feeding pump (if needed)

The maintenance of an adequately functioning and properly placed gastrostomy tube is the responsibility of the parent/guardian and physician. Replacement or reinsertion of a gastrostomy tube will be the responsibility of the parent.

Procedure Principles: This procedure is to be performed by the school nurse or other school personnel who have been designated and trained. If medication is ordered, it will be administered by the school nurse.

- Assemble equipment, explain procedure to student and wash hands.
- Position student with head elevated to a minimum of 30 degrees. Positioning may vary; consult physician. **Supine position creates a greater danger of reflux and aspiration.**
- Perform feeding as specified. Methods of tube feeding may vary, e.g., bolus, gravity flow, or continuous feed. Consult physician for details.
- Flush tubing with water after feeding is complete per physician order.
- Allow student to remain elevated for time prescribed by physician and observe for signs of reflux or aspiration.

- Clean equipment and work surface. Wash hands.
- Record procedure on student's log, including date and time of feeding, type and amount of pureed food, supplement, formula, medication or liquid given, amount of water used to flush, any adverse reactions and name of person performing the procedure.

FEEDING DIFFICULTIES AND PRECAUTIONS:

- If student starts to gag, discontinue feeding and allow the tube to hang down, unclamped. Gagging may be caused by allowing the feeding to flow in too rapidly or causing distension of the stomach by allowing air to enter.
- If the student vomits, clamp the tube and discontinue feeding.
- If formula/pureed food will not go in, consult parent or physician.
- If gastrostomy button falls out, this is not an emergency. Save the button for re-insertion. In some students whose track may close quickly, the G-tube button may need to be inserted within 1-2 hours. Cover gastrostomy site with gauze or clean dressing. Contact parents or physician.

**PHYSICIAN AUTHORIZATION FOR SPECIAL PROCEDURE:
GASTROSTOMY TUBE FEEDING DURING SCHOOL HOURS**

STUDENT: _____ Gr: _____ DOB: _____

Physician instructions regarding G-tube feeding:

1. Student is to receive G-tube feeding via: **Gravity** **Pump** (select applicable response)
2. Student's condition requiring G-tube feeding: _____
3. This procedure may be performed by: (select all that apply)
Teacher _____ **Teacher's Aide** _____ **School Nurse** _____ **Principal Designee** _____ **Other** _____
4. Student should be fed with head/upper body elevated at a _____ degree angle and should remain upright for _____ minutes after feeding.
5. Feeding schedule **during school hours** (times may vary up to 1/2 hour to meet school schedule):

Time:	Formula/Solution Name:	Quantity to be fed (specify in cc's):	Rate/Duration of feeding:	Flush tubing with water after feeding (specify in cc's)	Additional Info:

6. Student has had a **Nissan** Fundoplication? _____ **Yes** _____ **No**
7. Is student allowed oral feeds in addition to G-tube feeds? _____ **Yes** _____ **No**
 If yes, please specify consistencies, amounts, and feeding precautions. _____

8. Has student had a recent swallow study? _____ **Yes** _____ **No**
 If yes, when and what were the results? _____

Please provide a copy of the physician report of the swallow study to the School Nurse

9. FISSD staff has permission to contact physician regarding feeding orders. _____ (parent initials)

Physician Signature

Physician Name (PRINT)

Date

Office Telephone Number

Office Address

Parent Signature

Date

Tube Feeding (Gastrostomy) Acknowledgement

By signing below, I acknowledge that I have received, read, and fully understand the contents of the Tube Feeding Procedure. I understand that it is my responsibility to comply with the guidelines and procedures outlined in this document. *Please return this acknowledgement form to campus nurse.*

Student Name/ID Number: _____

Guardian Name: _____

Guardian Signature: _____

Date: _____