

## **Oral Feeding by School Personnel Procedure**

**Definition:** To provide adequate fluids and nutrition for a student who is unable to accomplish this on his or her own.

**Indications:** Physically or health impaired students who are unable to feed themselves orally and are unable to consume adequate fluids or solids to satisfy their nutritional needs. This may include students who 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.

**Notify Child Nutrition as soon as aware of a student with a need for pureed food items at [specialdiets@friscoisd.org](mailto:specialdiets@friscoisd.org).** A pureed diet is available from Child Nutrition (allow up to 2 weeks for implementation).

**Equipment:** (Parent responsibility)

1. Physician's order and parent authorization (required annually)
2. Feeding and Swallowing Study
3. **Unopened container** of prescribed pureed food items, pouches, formula, or liquid is recommended. **Frisco ISD staff may not puree foods sent from home.**
4. **Foods in open containers or prepared at home for staff to feed to students at school, must be free of added supplements and medications unless specified in the physician orders. The consistency and texture must be specified in the physician orders. The expectation is that food sent from home is safe. If signs of an adverse reaction occur after a student is fed food that was prepared at home, school staff will seek immediate medical help.**

**Procedure Principles:** This procedure is to be performed by the school nurse or other school personnel who have been designated and trained.

- Assemble food items and needed 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. Consult physician for details.
- 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 feeding in e-School including date and time of feeding, type and amount of pureed food, supplement, formula, medication or liquid given and name of person performing the procedure.

**PHYSICIANS AUTHORIZATION FOR SPECIAL HEALTH CARE**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

1. Physical condition for which the standardized procedure is to be performed: \_\_\_\_\_

\_\_\_\_\_

2. Name of standardized procedure: \_\_\_\_\_

3. Specific time(s) and duration or indication for the procedure: \_\_\_\_\_

\_\_\_\_\_

4. This procedure is to be continued as above until (date) \_\_\_\_\_

5. This procedure is to be performed by: \_\_\_\_\_

6. Special instructions (equipment used, type, size, etc...) \_\_\_\_\_

\_\_\_\_\_

7. Precautions, unfavorable reactions: \_\_\_\_\_

\_\_\_\_\_

8. Emergency interventions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PHYSICIANS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

I hereby request that the treatment specified above be performed to the above child

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## Oral Feeding Acknowledgement

By signing below, I acknowledge that I have received, read, and fully understand the contents of the Oral 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: \_\_\_\_\_