**Tube Feeding and Emergency Action Plan**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heath Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of tube does the student have?**

 Nasogastric Percutaneous Endoscopic Gastrotomy

 Orogastric Jejunostomy

 Gastrostomy

**Will the student need to be fed or have feeding started here on campus?**

 No Yes, if yes, please fill out the following:

**Method of Delivery:**

 **Gravity**, if given during school hours please fill out the following:

Time: \_\_\_\_\_\_\_\_ Formula Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage(amount)\_\_\_\_\_\_\_\_\_Flush Amount\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_ Formula Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage(amount)\_\_\_\_\_\_\_\_\_Flush Amount\_\_\_\_\_\_\_\_\_\_\_

 **Bolus (push)**, if given during school hours please fill out the following:

Time: \_\_\_\_\_\_\_\_ Formula Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage(amount)\_\_\_\_\_\_\_\_\_Flush Amount\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_ Formula Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage(amount)\_\_\_\_\_\_\_\_\_Flush Amount\_\_\_\_\_\_\_\_\_\_\_

 **Feeding pump,** if started or stopped during school hours please fill out the following:

 Start Time\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_\_\_\_\_Type of Formula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Stop Time\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_\_\_\_\_

**Care Instructions:**

Will your student need routine care here at school? No Yes, please check all that apply:

 Clean with antiseptic solution, dry the area, apply split gauze.

 Apply \_\_\_\_\_\_\_\_\_\_\_\_\_ cream at this \_\_\_\_\_\_\_\_\_\_\_\_\_ time.

\*Please note that split gauze, special cleaning solution and/or cream will need to be provided by parent/guardian.

**In case of an emergency:**

If g-tube comes out during school hours please fill out the following:

Should the g-tube happen to come out during school hours, how long can the tube be out before the stoma closes up?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the procedures staff should follow if the tube comes out during school hours:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Call 911 immediately if:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the case of an emergency please transport my student to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments / Special Instructions**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that medication and/or equipment needed to treat my child is to be furnished by parent and/or guardian. I acknowledge that the information provided above is the most recent up to date medical information for the above student. I agree to provide training for the school staff on the care and feeding of the student listed above. If the equipment is not working properly and the staff are unable to reach me, I understand my child may not be fed at school. In the event of an emergency, I give permission to the school to seek emergency medical care and treatment. I understand that I am responsible for payment of any emergency medical care.

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_