

Tube Feeding Order for the School Setting

Name of Student: _____ Date of Order: _____

Feeding:	
Name of formula: _____	Other fluids (juice): _____
Amount to feed: _____	Amount to feed: _____
Additional water: _____	Additional water: _____
Total amount of feeding: _____	Total amount: _____
Time(s): _____	Time(s): _____
Rate of flow: _____	Rate of flow: _____

Method
<input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> Gravity Drip <input type="checkbox"/> Pump <input type="checkbox"/> Other: _____
Prior to feeding, check for residual: <input type="checkbox"/> Yes <input type="checkbox"/> No If residual is greater than _____ cc, withhold feeding.

No Yes No
 If tube becomes clogged, coca cola and/or warm water may be used to clear tube.

No Yes No
 If tube accidentally becomes dislodged, nurse may replace using _____ (size) tube.

No Yes No
 If PEG or button becomes dislodged, the following action should be taken: _____

Please list any precautions, possible untoward reactions, and interventions: _____

Physician's Name (Print) _____

Address: _____

Telephone Number: _____

Physician's Signature: _____

Parent/Guardian Signature: _____