

**Parent Consent and Authorized Healthcare Provider Authorization for
Management of Gastrostomy at School and School-sponsored Events**

Name:		Teacher/Grade:		Site:		DOB:	
Gastrostomy Tube Type:		Gastrostomy Button:		<input type="checkbox"/> MIC-KEY <input type="checkbox"/> BARD <input type="checkbox"/> Other: _____			
Size:		Size:		<input type="checkbox"/> Balloon <input type="checkbox"/> Non-Balloon			
Gastrostomy tube dislodgement							
Emergency procedure:		<input type="checkbox"/> Cover site and notify parent <input type="checkbox"/> Reinsert gastrostomy tube/skin-level button by RN/LVN <input type="checkbox"/> Call 9-1-1					
Reinsertion will occur within:		<input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> Other:					

Authorized Healthcare Provider Authorization for Management of Gastrostomy In School Setting

My signature below provides authorization for the above-written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by unlicensed designated school personnel under the training and supervision provided by the credentialed school nurse. This authorization is valid for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

MD/DO/PA Name (printed):		Stamp: (or address and phone)	
MD/DO/PA Signature:	Date:		

Parent/Guardian (Authorization and Disclaimer): The parent(s)/guardian(s) of the above-named pupil, request that the specialized physical healthcare service, gastrostomy management, be administered to my (our) child in accordance with state laws and regulations. I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary. I (we) will:

1. provide the necessary supplies and equipment;
2. notify the school nurse if there is a change in child's health status or attending authorized healthcare provider; and
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

Parent/Guardian (Authorization and Disclaimer): My signature above provides authorization for this Specialized Health Care Procedure.. I request that the school assist my child with the Specialized Healthcare Procedure in accordance with state laws and regulations. I understand that Specialized Health Care Procedure assistance may be performed by unlicensed, designated school personnel after the training by the school nurse. I authorize staff to communicate with the physician regarding my child's medical condition and/or the medications prescribed for it. I have read and agree with the information provided above. I understand and give my consent for this information to be shared with school, transportation, and emergency personnel as deemed necessary to provide quality of care. This consent is valid for one year from date unless otherwise stated and may be revoked at any time.

Parent/Guardian Signature:		Date:	
District Nurse Signature:		Principal Signature:	

Gastrostomy Tube/Button Replacement Standard Healthcare Procedure

Purpose	To maintain patency of surgical opening (ostomy); a clean (not sterile) procedure Procedure performed when tube is accidentally dislodged and/or is out of position and patency of stoma is in jeopardy.	
Equipment and Supplies	1. MIC-KEY replacement kit of appropriate size 2. Clamp 3. Catheter plug or rubber band 4. Water-soluble lubricant 5. Water (sterile or distilled) or normal saline; small container 6. Cleaning solution for stoma 7. 60 cc syringe	1. Gauze squares (2x2 and 4x4) 2. Luer-Lok or slip tip syringe 3. Disposable towel 4. Non-latex gloves 5. Hypoallergenic tape 6. Plastic bags for waste material

PROCEDURE

Essential Steps-Suction Set Up	Key Points and Precautions-Suction Set Up
1. Immediately cover stoma with gauze square. <ul style="list-style-type: none"> Tape gauze in place using hypoallergenic tape. If <u>no</u> steps to reinsert tube or insure patency will be taken, contact parent or caregiver immediately, and follow physician's orders. 	1. REINSERTION PROCEDURE PRECAUTIONS: <ul style="list-style-type: none"> <u>IF MIC-KEY INSERTED 8–10 WEEKS OR LESS</u>, <u>do not</u> reinsert unless specifically ordered by healthcare provider.
2. Wash hands.	2. Standard Precautions
3. Position pupil lying on back (supine position). Explain procedure as appropriate.	3. Supine position allows easier insertion of catheter into stoma.
4. Assemble equipment on a clean, flat surface. <ul style="list-style-type: none"> Put on non-latex gloves. Squeeze small amount of <u>water-soluble</u> lubricant onto a paper towel. 	4. Insertion is easier if catheter/tube is lubricated. Do not use petroleum jelly or other oil-based lubricant.
5. Remove MIC-KEY set from package. <ul style="list-style-type: none"> FOLLOW STEPS 6.1–14.1 (below) 	5. Check expiration date and correct size of MIC-KEY device. AVOID TOUCHING TIP.

STEPS 6.1–17: PROCEDURE FOR REINSERTION OF MIC-KEY GASTROSTOMY BUTTON

Performed by licensed nurse only

IF BLEEDING IS PRESENT, DO NOT REINSERT BUTTON. NOTIFY HEALTHCARE PROVIDER IMMEDIATELY.

6.1. Test the balloon on new MIC-KEY for leaks: <ul style="list-style-type: none"> Inflate the balloon with sterile water or saline per manufacturer's instructions. Remove syringe and observe balloon. 	6.1. Balloon should be symmetrical and have no leaks.
7.1 Deflate the balloon by withdrawing liquid: <ul style="list-style-type: none"> Attach syringe to balloon valve of MIC-KEY. Pull back on plunger until all water is withdrawn from balloon. 	
8.1. Lubricate tip of replacement MIC-KEY with water-soluble lubricant.	8.1. Do not use petroleum jelly or other oil-based lubricant.

9.1. Insert MIC-KEY: Holding tube at a right angle to surface of abdomen, gently insert tube into stoma. <ul style="list-style-type: none"> Continue inserting tube until MIC-KEY is flat against skin. 	
10.1. Hold tube in place. <ul style="list-style-type: none"> Insert syringe filled with specified amount of water/saline (per manufacturer's instructions) into balloon valve. Inflate balloon by pushing fluid from syringe. Remove syringe. 	10.1. Do not use air or tap water in syringe.
11.1. Position balloon against stomach wall by gently pulling MIC-KEY up and away until it stops.	
12.1. Wipe fluid & lubricant away from tube & stoma.	
13.1 Check placement of MIC-KEY tube. <ul style="list-style-type: none"> Insert the extension set in feeding port. Insert 60 cc syringe into tube. Slowly lower syringe below level of stomach until gas or stomach contents are observed. 	
14.1. Check for wetness around stoma. If there is leakage of stomach contents, check tube position. Replace pupil's clothing.	
PLACEMENT MUST BE VERIFIED BEFORE FEEDINGS RESUME. IF UNABLE TO VERIFY PLACEMENT, HEALTHCARE PROVIDER'S VERIFICATION MUST OCCUR PRIOR TO FURTHER FEEDING.	
15. Discard waste materials in plastic bag. Remove and discard gloves. Wash hands.	15. Before removing gloves, place dislodged tube/button in plastic bag. Return device to parent.
16. Notify parent/caregiver immediately that MIC-KEY has been replaced.	16. Remind parent to replace supplies when pupil returns to school.
17. Document procedure on feeding log and/or in HCP log.	