

Parent Consent and Authorized Healthcare Provider Authorization for Management of Gastrostomy/Jejunostomy (GJ) Tube at School and School-sponsored Events									
Name:				Grade:		Site:		DOB:	
GJ Tube Type:					Size:			<input type="checkbox"/> Balloon <input type="checkbox"/> Non-Balloon	
GJ tube dislodgement:									
Emergency procedure:		<input type="checkbox"/> Cover site and notify parent <input type="checkbox"/> Call 9-1-1							
Jejunostomy Feeding:									
Time(s)			Type of Formula:			Amount/feeding:			
Duration of Feeding:				Feeding Method:		Slow-drip, Gravity/Pump rate: _____			
Water Bolus:	<input type="checkbox"/> Before or After: Water before feed: _____ mL <input type="checkbox"/> None Water after feed: _____ mL		Student's position during feeding:		<input type="checkbox"/> Sitting up <input type="checkbox"/> Laying Down <input type="checkbox"/> Other: _____				
Stop Feeding for following Symptoms		<input type="checkbox"/> Coughing <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Change in breathing <input type="checkbox"/> Other: _____							
Water Bolus:									
Time(s)			Student Position	<input type="checkbox"/> Sitting up <input type="checkbox"/> Laying Down <input type="checkbox"/> Other:		Amount:			
Oral Feedings:									
<input type="checkbox"/> NPO (nothing by mouth) <input type="checkbox"/> Tiny tastes of food/liquids <input type="checkbox"/> Thin Liquids <input type="checkbox"/> Thick Liquids <input type="checkbox"/> Pureed foods <input type="checkbox"/> Other:									
Residual:									
<input type="checkbox"/> Residual check not necessary <input type="checkbox"/> Check residual:			<input type="checkbox"/> Feed if residual < _____ mL <input type="checkbox"/> Hold feeding if residual > _____ mL						
Venting:									
<input type="checkbox"/> Before Feeding <input type="checkbox"/> After feeding <input type="checkbox"/> During Feeding <input type="checkbox"/> PRN for sign/symptoms						Duration:			
Fundoplication:		<input type="checkbox"/> No <input type="checkbox"/> Yes, date:		Other pertinent information:					
Medication administered via g-tube at school									
<input type="checkbox"/> No medication administered via g-tube <input type="checkbox"/> Yes (Complete medication authorization below signed by prescribing physician)									
Medication Authorization:									
Medication #1 Name:							Dose:		
Route:	<input type="checkbox"/> Gastrostomy port <input type="checkbox"/> Jejunostomy Port <input type="checkbox"/> Oral <input type="checkbox"/> Other:					Time:			
Medication Prep:	<input type="checkbox"/> Mixed <input type="checkbox"/> Crushed		Amount of Water For Dilution:		mL	Water Flush:	<input type="checkbox"/> Before and After <input type="checkbox"/> Only After	Water before feed: _____ mL Water after feed: _____ mL	
Medication #2 Name:							Dose:		
Route:	<input type="checkbox"/> Gastrostomy port <input type="checkbox"/> Jejunostomy Port <input type="checkbox"/> Oral <input type="checkbox"/> Other:					Time:			
Medication Prep:	<input type="checkbox"/> Mixed <input type="checkbox"/> Crushed		Amount of Water For Dilution:		mL	Water Flush:	<input type="checkbox"/> Before and After <input type="checkbox"/> Only After	Water before feed: _____ mL Water after feed: _____ mL	
Medication #3 Name:							Dose:		
Route:	<input type="checkbox"/> Gastrostomy port <input type="checkbox"/> Jejunostomy Port <input type="checkbox"/> Oral <input type="checkbox"/> Other:					Time:			
Medication Prep:	<input type="checkbox"/> Mixed <input type="checkbox"/> Crushed		Amount of Water For Dilution:		mL	Water Flush:	<input type="checkbox"/> Before and After <input type="checkbox"/> Only After	Water before feed: _____ mL Water after feed: _____ mL	

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 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:		

SIGNATURES

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:		

Jejunostomy Tube Flush & Skin Care Standard Healthcare Procedure		
Purpose	1. Flushing of J-tube or PEG/J tube is required to prevent clogging of tube's narrow lumen. 2. Skin care maintains/restores skin integrity and minimizes the risk of infection.	
Equipment and Supplies	Flush: 1. Syringe without needle 2. Water: per physician's orders Amount: per physician's orders 3. Non-latex gloves (for both procedures)	Skin Care: 1. Mild soap and/or ½ strength hydrogen peroxide 2. Washcloth, gauze pads &/ or cotton-tipped applicator 3. Dressing supplies, if needed: 4. Paper tape (1 inch width)
PROCEDURE		
Essential Steps-Suction Set Up		Key Points and Precautions-Suction Set Up
1. Wash hands. Assemble equipment.		1. Standard Precautions
2. Explain procedure to pupil. Provide privacy as indicated.		2. Use developmentally appropriate communication.
3. FLUSHING PROCEDURE Flush tube as ordered by healthcare provider: per physician's orders (a) Measure water for flushing in clean container. Put on gloves. (b) Expose end of J-tube or G/J tube. (c) Draw up water into syringe; cap syringe (d) Open end of J-tube or J-tube port. Remove syringe cap; attach syringe to end of tube. (e) VERY SLOWLY & STEADILY , push the syringe plunger to instill the water into tube. (f) Replace cap at end of tube/port. (g) Syringe may be washed in warm, soapy water and reused.		3. FLUSHING PROCEDURE WATER MUST BE AT ROOM TEMPERATURE (a) Use of any solution other than water for flushing must be approved by healthcare provider. (b) If tube protected by dressing and/or is attached to abdomen, use caution not to dislodge tube during procedure. (c) If pupil has several ports, make sure the correct port is accessed. (d) DO NOT GIVE A RAPID BOLUS! The flush must be given slowly because of J-tube's small lumen. Too fast an administration can cause a "whiplash" action, resulting in clogging or displacement of tube.
4. SKIN CARE: Observe area where tube enters skin for redness, swelling, green or yellow liquid drainage and excess skin growing around tube. A small amount of clear or tan liquid drainage is normal. (a) Crusting: use ½ strength hydrogen peroxide solution to remove crusting, <u>unless</u> skin is excoriated. (b) Clean around site using washcloth or cotton-tipped applicator, mild soap and water. (c) Rinse and dry site well. (d) Secure J-tube with tape to skin or coil tube on top of dressing (if used). The end of tube should be easily accessible and secured with tape to prevent accidental dislodging and tension on tube.		4. SKIN CARE: Report any abnormal observations to school nurse and parent. (a) DO NOT USE hydrogen peroxide on excoriated skin. (b) Avoid pulling disk away from pupil's abdomen to prevent dislodgment. (c) Tape used to secure tube will not stick to moist skin. (d) A dressing with antibiotic ointment may be authorized by healthcare provider. If used, dressing should be changed twice weekly and have date/time of change marked on it. Dressing should not be occlusive.
5. Remove supplies. Remove gloves and wash hands.		
6. Document procedure(s) on Daily Log.		6. Note skin condition and dressing change, if done.

Standard Healthcare Procedure		
Purpose	1. To deliver adequate fluid and nutrition directly to the jejunum over an extended period of time. 2. To administer medication when the oral route must be bypassed (licensed nurse task only).	
Equipment and Supplies	1. Prescribed liquid formula 2. 10cc catheter-tipped syringe 3. Water <input type="checkbox"/> tap <input type="checkbox"/> sterile (per authorization) 4. Feeding pump 5. Feeding bag and tubing 6. Power cord 7. Hanging apparatus 8. Disposable towel	1. Dressing supplies, if needed. 2. Non-latex gloves 3. Clamp or cap 4. Liquid detergent for washing equipment 5. Plastic bags for waste disposal 6. Container for equipment and supplies
PROCEDURE		
Essential Steps-Suction Set Up		Key Points and Precautions-Suction Set Up
1. Wash hands.		1. Standard Precautions
2. Assemble equipment. Check expiration date on formula cans. Shake cans well.		2. Formula and water must be at room temperature. • Formula hang time is usually 4 hours.
3. Explain procedure to pupil. Place towel on pupil's lap. Provide privacy during feeding as indicated in IHP. Put on gloves when flushing tube, starting and ending feeding and washing equipment.		3. Use developmentally appropriate communication. Encourage pupil to participate to extent possible.
4. Flushing procedure (a) Measure water for flushing in clean container. Put on gloves. (b) Expose end of J-tube or G/J tube. If tube is protected by dressing and/or attached to abdomen, use caution not to dislodge tube during exposure. (c) Draw up water into syringe; cap syringe (d) Open end of J-tube or J-tube port. Remove syringe cap; attach syringe to end of tube. (e) VERY SLOWLY & STEADILY , push the syringe plunger to instill the water into tube. (f) Replace cap at end of tube/port. (g) Syringe may be washed in warm, soapy water and reused.		4. Flush tube as ordered by healthcare provider: per physician's orders (c) Use of any other solution other than water must be authorized by healthcare provider. (d) If pupil has several ports, make sure the correct port is accessed. (e) DO NOT GIVE A RAPID BOLUS! The flush must be given slowly because of J-tube's small lumen. Too fast an administration can cause a "whiplash" action, resulting in clogging or displacement of tube.
5. Feeding settings and power for pump Rate and volume of fluid delivered will probably be preset by parent or residential nursing personnel prior to pupil's arrival at school. The pump can operate on battery power or be plugged into a wall outlet. Determine the pupil's activity during feeding. If pupil will remain in a stationary position, plug power cord into unit and a convenient wall outlet.		5. These settings should not be changed by designated school staff. Staff should direct any questions to the school nurse, who will contact the appropriate person to verify settings. If battery is fully charged, pump may operate on battery power during the school day. If battery is low, plug cord into wall unit to continue feeding. Follow manufacturer's instructions for pump operation.
6. Continuous feeding: If feeding has been stopped during transportation, flush tube per authorization and resume feeding. Position for feeding: _____		6. Instructions for restarting feeding: <u>per physician's orders</u>
Essential Steps-Suction Set Up		Key Points and Precautions-Suction Set Up
7. Intermittent feeding: • Position pupil: <u>per physician's orders</u>		7. Bag of formula and attached tubing may be sent to school daily with pupil. Feeding bag should be labeled with contents.

<ul style="list-style-type: none"> ● Add formula to bag. ● Clamp tubing. Attach drip chamber according to pump directions. ● Slowly open clamp and fill entire line with fluid. Clamp tube. ● Hang bag on pole. Place tubing into feeding pump mechanism. ● Remove J-tube port cap. Insert tip of feeding bag tubing into jejunostomy port and tape securely. Be careful not to pull on tubing. ● Set flow rate on pump, if necessary: <u>per physician's orders</u> ● Unclamp J-tube and feeding bag tube. Follow attached pump instructions for operation. 	<ul style="list-style-type: none"> ● Avoid filling drip chamber more than half full. ● Set up venting system via G-port if authorized. <p>Instructions:</p>
<p>8. Monitor pump operation periodically for correct infusion rate.</p> <ul style="list-style-type: none"> ● Be alert for any changes in pupil's tolerance of feeding. ● Add formula to bag, if needed, before bag is completely empty. ● If venting into closed receptacle, empty contents as needed. 	<p>8. Nausea, vomiting, abdominal cramping or diarrhea may indicate that feeding is being given too quickly or formula is too cold. Notify parent and/or school nurse immediately.</p> <p>STOP FEEDING IMMEDIATELY IF PUPIL HAS BREATHING DIFFICULTY OR COLOR CHANGES. Notify school nurse; follow emergency protocol if pupil is at risk for dumping syndrome.</p>
<p>9. Flush tubing with water as authorized (see #4).</p>	<p>9. Flushing clears feeding fluid from tubing and helps prevent clogging. Amount of water used for flush may vary according to pupil-specific authorization.</p>
<p>10. Intermittent feeding: When feeding is completed, clamp feeding bag tubing and J-tube.</p> <ul style="list-style-type: none"> ● Disconnect feeding bag from J-tube. Make sure tubing is secured. Apply dressing as needed. ● Rinse feeding bag, tubing and syringe in warm water. Store in designated container in clean area. ● Disinfect area and sink exposed to feeding equipment. ● Remove gloves and wash hands. 	<p>10. Some elemental formulas used for J-tube feeding can be kept for only 24 hours. Open formula should be refrigerated in clean, labeled plastic container (<u>not</u> original can). Formula should be discarded after 24 hours.</p>
<p>11. Continuous feeding: stop feeding before pupil is transported.</p>	<p>11. Instructions for stopping feeding and preparing pupil for transport: <u>per physician's orders</u></p>
<p>12. Document procedure on Daily Log: date, time and duration of feeding, amount of formula/water given, venting (if done) and pupil's tolerance of feeding.</p>	<p>12. Report any changes or unusual observations to school nurse and parent.</p>

Standard Healthcare Procedure		
Purpose	3. To deliver adequate fluid and nutrition directly to the jejunum over an extended period of time. 2. To administer medication when the oral route must be bypassed (licensed nurse task only).	
Equipment and Supplies	1. Prescribed liquid formula 2. 10cc catheter-tipped syringe 3. Water <input type="checkbox"/> tap <input type="checkbox"/> sterile (per authorization) 4. Feeding pump 5. Feeding bag and tubing 6. Power cord 7. Hanging apparatus 8. Disposable towel	5. Dressing supplies, if needed. 6. Non-latex gloves 7. Clamp or cap 8. Liquid detergent for washing equipment 9. Plastic bags for waste disposal 10. Container for equipment and supplies 11. _____ 16. _____
PROCEDURE		
Essential Steps-Suction Set Up		Key Points and Precautions-Suction Set Up
1. Wash hands.		1. Standard Precautions
2. Assemble equipment. Check expiration date on formula cans. Shake cans well.		2. Formula and water must be at room temperature. • Formula hang time is usually 4 hours.
3. Explain procedure to pupil. Place towel on pupil's lap. Provide privacy during feeding as indicated in IHP. Put on gloves when flushing tube, starting and ending feeding and washing equipment.		3. Use developmentally appropriate communication. Encourage pupil to participate to extent possible.
4. Flushing procedure (a) Measure water for flushing in clean container. <input type="checkbox"/> Tap <input type="checkbox"/> Sterile Put on gloves. (b) Expose end of J-tube or G/J tube. If tube is protected by dressing and/or attached to abdomen, use caution not to dislodge tube during exposure. (c) Draw up water into syringe; cap syringe (d) Open end of J-tube or J-tube port. Remove syringe cap; attach syringe to end of tube. (e) VERY SLOWLY & STEADILY , push the syringe plunger to instill the water into tube. (f) Replace cap at end of tube/port. (g) Syringe may be washed in warm, soapy water and reused.		4. Flush tube as ordered by healthcare provider: (c) Use of any other solution other than water must be authorized by healthcare provider. (d) If pupil has several ports, make sure the correct port is accessed. (e) DO NOT GIVE A RAPID BOLUS! The flush must be given slowly because of J-tube's small lumen. Too fast an administration can cause a "whiplash" action, resulting in clogging or displacement of tube.
5. Feeding settings and power for pump Rate and volume of fluid delivered will probably be preset by parent or residential nursing personnel prior to pupil's arrival at school. The pump can operate on battery power or be plugged into a wall outlet. Determine the pupil's activity during feeding. If pupil will remain in a stationary position, plug power cord into unit and a convenient wall outlet.		5. These settings should not be changed by designated school staff. Staff should direct any questions to the school nurse, who will contact the appropriate person to verify settings. If battery is fully charged, pump may operate on battery power during the school day. If battery is low, plug cord into wall unit to continue feeding. Follow manufacturer's instructions for pump operation.
6. Continuous feeding: If feeding has been stopped during transportation, flush tube per authorization and resume feeding. Position for feeding: <u>per physician's orders</u>		6. Instructions for restarting feeding: <u>see physician's orders</u>

<p>7. Intermittent feeding:</p> <ul style="list-style-type: none"> • Position pupil: <u>per physician's orders</u> • Add formula to bag. • Clamp tubing. Attach drip chamber according to pump directions. • Slowly open clamp and fill entire line with fluid. Clamp tube. • Hang bag on pole. Place tubing into feeding pump mechanism. • Remove J-tube port cap. Insert tip of feeding bag tubing into jejunostomy port and tape securely. Be careful not to pull on tubing. • Set flow rate on pump, if necessary: per physician's orders • Unclamp J-tube and feeding bag tube. Follow attached pump instructions for operation. 	<p>7. Bag of formula and attached tubing may be sent to school daily with pupil. Feeding bag should be labeled with contents.</p> <ul style="list-style-type: none"> • Avoid filling drip chamber more than half full. • Set up venting system via G-port if authorized. Instructions:
<p>8. Monitor pump operation periodically for correct infusion rate.</p> <ul style="list-style-type: none"> • Be alert for any changes in pupil's tolerance of feeding. • Add formula to bag, if needed, before bag is completely empty. • If venting into closed receptacle, empty contents as needed. 	<p>8. Nausea, vomiting, abdominal cramping or diarrhea may indicate that feeding is being given too quickly or formula is too cold. Notify parent and/or school nurse immediately.</p> <p>STOP FEEDING IMMEDIATELY IF PUPIL HAS BREATHING DIFFICULTY OR COLOR CHANGES. Notify school nurse; follow emergency protocol if pupil is at risk for dumping syndrome.</p>
<p>9. Flush tubing with water as authorized (see #4).</p>	<p>9. Flushing clears feeding fluid from tubing and helps prevent clogging. Amount of water used for flush may vary according to pupil-specific authorization.</p>
<p>10. Intermittent feeding: When feeding is completed, clamp feeding bag tubing and J-tube.</p> <ul style="list-style-type: none"> • Disconnect feeding bag from J-tube. Make sure tubing is secured. Apply dressing as needed. • Rinse feeding bag, tubing and syringe in warm water. Store in designated container in clean area. • Disinfect area and sink exposed to feeding equipment. • Remove gloves and wash hands. 	<p>10. Some elemental formulas used for J-tube feeding can be kept for only 24 hours. Open formula should be refrigerated in clean, labeled plastic container (<u>not</u> original can). Formula should be discarded after 24 hours.</p>
<p>11. Continuous feeding: stop feeding before pupil is transported.</p>	<p>11. Instructions for stopping feeding and preparing pupil for transport:</p>
<p>12. Document procedure on Daily Log: date, time and duration of feeding, amount of formula/water given, venting (if done) and pupil's tolerance of feeding.</p>	<p>12. Report any changes or unusual observations to school nurse and parent.</p>