



Houston Independent School District
 Health and Medical Services
Physician Orders for Tube Feedings

To the Principal of: _____ School

Child's Name: _____ Date of Birth: _____

Diagnosis: _____ Latex Allergy Present: Yes No

Etiology _____ Prognosis _____ Date of Onset _____

Tube Feeding Route:

- Gastrostomy tube Nasogastric Orogastric Nasojejunal
 Gastrostomy button Jejunostomy tube Nasoduodenal

Type of tube feeding:

- Bolus method Gravity
 Continuous Pump – rate _____
 Other

Brand of Device: Mic-Key Mic G Mini Bard Other: _____

Tube size: _____ fr Balloon volume: _____

Formula: _____

Amount of Formula: _____

Schedule of feedings: _____

Flush with _____ cc's water before and after the feeding.

How much additional water may be administered each day at school? _____ Oz

Precautions, possible untoward reactions and interventions: _____

Amount of food or drink that may be taken by mouth (if any): _____

Hold feeding if residual > _____ cc

Vent the G-Tube: Yes No

Does the student have Fundoplication? Yes No

A registered nurse will coordinate the health care of all students, including medications, treatments, and prescribed procedures. Note: If the tube is displaced the nurse will cover the stoma and contact the parent.

 Signature of Physician

 Telephone

 Date

I request the above procedure(s) be administered to my child as ordered by the physician. I authorize the school nurse to contact my child's physician for information concerning my child when necessary.

 Signature of Parent

 Telephone

 Date