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

To the Nurse of: _____________________ School  
Child's Name: ________________________  
Diagnosis: ___________________________  
Allergies: □ Latex  □ Other ____________

Tube Feeding Route: 

□ Gastrostomy tube  □ Nasogastric  □ Orogastric  □ Nasojejunal  
□ Gastrostomy button  □ Jejunostomy tube  □ Nasoduododenal

Type of tube feeding: 

□ Bolus/Gravity  □ Pump- Rate ___________ ml/hour  □ Other ____________

Brand of Device: □ Mic-Key  □ Mic G  □ Mini  □ Bard  □ Other ____________

Tube size: _______ FR  Balloon volume: ____________

Formula: ____________________________ Premixed/prepared by Parent □ Yes □ No

Amount of Formula: ___________ ml

Feeding Schedule-Frequency During School Day: 

□ Breakfast  □ Lunch  □ Other ___________________________________________________________________

□ Specific Times as listed ______  ______  ______  ______  ______  ______  ______

□ Parent may adjust feeding schedule

Flush with _______ ml water before and after the feeding.

How much additional water may be administered each day at school? _______ ml

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

Check residual □ Yes □ No

Hold feeding if residual > _______ ml

Vent the G-Tube: □ Yes □ No

Does the student have Fundoplication? □ Yes □ No

Precautions, possible untoward reactions and interventions: ____________________________

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