GIBSON COUNTY SPECIAL SCHOOL DISTRICT SCHOOL HEALTH SERVICES

SCHOOL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN ORDERS OF GASTROSTOMY FEEDING

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF FEEDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTINUOUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BOLUS/GRAVITY

FEEDING SOLUTION (TYPE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT TO BE GIVEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC

TIME(S) OF FEEDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RATE OF FEEDING IF CONTINUOUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aspirate stomach contents for residual prior to feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

**ORDERS IF MUST CHECK FOR RESIDUAL**

Attach empty 60cc syringe to tube and pull back plunger. If you are able to remove

\_\_\_\_\_\_\_\_\_\_cc of stomach contents, DO NOT FEED. Hold feeding for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Always return stomach contents to stomach. If you hold the feeding, document the reason. If residual is less than \_\_\_\_\_\_\_\_\_\_cc, continue feeding.

FLUSH WITH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC OF WATER WHEN FEEDING COMPLETE.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_