

**Escuelas Públicas del Condado de Loudoun**  
**Orden del Médico de Alimentación por Sonda**  
**Tube Feeding Physician's Order**

Poner la imagen del estudiante aquí

**información del Estudiante**

Apellido: \_\_\_\_\_ Primer Nombre: \_\_\_\_\_ FDN: \_\_\_\_\_  
 # ID Estudiantil: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Padre/Tutor: \_\_\_\_\_ # móvil: \_\_\_\_\_ Año Escolar: \_\_\_\_\_

**TUBE FEEDING ORDER**  
 To be completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner)

<b>Type of Tube:</b> <input type="checkbox"/> G Tube <input type="checkbox"/> GJ Tube <input type="checkbox"/> NG Tube <input type="checkbox"/> J Tube <input type="checkbox"/> Size: _____	<b>Methods of Feedings:</b> <input type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Push	<b>Student's condition requiring tube feedings:</b> _____ <b>Student has had a Nissan Fundoplication:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Order Requirements:**
1. A new Healthcare Provider order is required for each school year and when a change has been made to the procedure.
  2. Staff will complete the *Individual Feeding Log* after each feeding.
  3. Parent/Guardian provides all supplies including an extra supply of formula to be kept in case of spillage/shelter in place.
  4. Parent/Guardian may want to leave extra feeding extension tube and syringe at school.
  5. If tube comes out, the parent/guardian will be called. LCPS staff WILL NOT reinsert it.
  6. Parent/Guardian will give instructions and demonstration prior to first feeding in school.

**PROCEDURE FOR FEEDING ADMINISTRATION:**

**Student position:** Student should be fed sitting upright or semi-reclining and should remain upright for \_\_\_\_\_ minutes after feeding.

**Venting required:**     Yes     No    Frequency: \_\_\_\_\_

**Residual checks before feeding:**     Yes     No

- HOLD FEEDING if residual is more than \_\_\_\_\_ mL
- Subtract residual volume from feeding volume if residual is between \_\_\_\_\_ - \_\_\_\_\_ mL

**Flushing:** Tube should be flushed:

Before feeding or medication with \_\_\_\_\_ mL water

After feeding or medication with \_\_\_\_\_ mL water

**Pump Unavailable:**

In the event the pump is unavailable (ie. malfunction, lack of equipment, etc.), bolus feeding may be given.

**Medication to be mixed/given with feeding:**     Yes     No    (See Authorization for Medication Administration)

**Tube feeding schedule during school hours** (times may vary up to 30 minutes to meet school schedule)

Time:	Formula/Solution/Liquid Name: (including free water)	Quantity To Be Fed: (specify in mL's)	Rate/Duration of Feeding:	Additional Information:

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(continued)

**Oral feedings:** Does student require oral feedings in addition to tube feedings?  Yes  No

- If yes, please specify what can be consumed, consistency, amount, and feeding precautions: \_\_\_\_\_

**Additional physician instruction:**

**Healthcare Provider's Name (Print/Stamp):** \_\_\_\_\_

**Healthcare Provider's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**National Provider Identifier (NPI):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Nombre del Padre/Tutor (imprimido):** \_\_\_\_\_

Mi firma da permiso para que la persona designada por el director siga este plan, administre la alimentación y se comunique con el proveedor de atención médica si es necesario. También acepto recoger cualquier material/fórmula no utilizada al final del año escolar. Entiendo que los suministros/fórmula no recogidos por un padre/tutor al final del año escolar serán desechados.

**Firma del Padre/Tutor:** \_\_\_\_\_

**Fecha:** \_\_\_\_\_