

مدارس مقاطعة لاودن العامه
طلب طبيب أنبوب التغذية

Loudoun County Public School Tube Feeding Physician's Order

وضع صورته الطالب هنا

معلومات الطالب

الاسم الأخير: _____ الاسم الطالب: _____ تاريخ الميلاد: _____
 رقم هوية الطالب: _____ المدرسه: _____ الصف: _____
 ولي الطالب / الوصي: _____ رقم الهاتف: _____ SY: _____

TUBE FEEDING ORDER

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

Type of Tube: <input type="checkbox"/> G Tube <input type="checkbox"/> GJ Tube <input type="checkbox"/> NG Tube <input type="checkbox"/> J Tube <input type="checkbox"/> Size: _____	Methods of Feedings: <input type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Push	Student's condition requiring tube feedings: _____ Student has had a Nissan Fundoplication: <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: _____

اسم ولي الامر / الوصي (كتابة كاملا)
Parent/Guardian Name (printed) _____

امنح الاذن بتوقيعي لمن ينوب عن المدير لمتابعه هذه الخطه واداره التغذيه والاتصال بالمسؤول الطبي اذا لزم الامر . اوفق أيضا على اخذ أي مستلزمات / غير مستعمله او محلول في نهاية العام الدراسي . انا افهم انه سيتم التخلص من المستلزمات / المحلول التي لم يتم استلامها من قبل الوالدين / الوصي في نهاية العام الدراسي

My signature gives permission for principal's designee to follow this plan, administer feeding, and contact healthcare provider if necessary. I also agree to pick up any unused supplies/formula at the end of the school year. I understand that supplies/formula not picked up by a parent/guardian at the end of the school year will be discarded.

ولي الامر / الوصي: _____
Parent/Guardian Signature

التاريخ : _____
Date