Loudoun County Public Schools
Tube Feeding Action Plan / Physician's Order

Place Student's Picture Here

Student's Information

Last Name: _____ First Name: _____ DOB: _____

Student ID #: _____ School: _____ Grade: _____

Parent/Guardian: _____ Cell: _____ SY: _____

Tube Feeding Order

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

Type of Tube:	Method of Feeding:	Type of Nourishment:
☐ G Tube ☐ GJ Tube	☐ Pump	☐ Formula: _____
☐ NG Tube ☐ J Tube	☐ Gravity	☐ Pureed Food: _____
☐ Size: _____	☐ Push	☐ Other: _____

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.

Venting Required: ☐ Yes ☐ No Frequency: _____

Residual Checks: ☐ Yes ☐ No

- HOLD FEEDING if residual is more than _____cc
- Subtract residual volume from feeding volume if residual is between _____ - _____cc

1st Feeding:

Time: _____ Amount: _____ Rate: _____ Flush: _____cc water after feeding

2nd Feeding:

Time: _____ Amount: _____ Rate: _____ Flush: _____cc water after feeding

PRN Feeding:

Time: _____ Amount: _____ Rate: _____ Flush: _____cc water after feeding

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

Water to be given between feedings: ☐ Yes ☐ No

Time(s): _____ Amount: _____

Healthcare Provider's Name (Print/stamp): _____

Healthcare Provider's Signature: _____ **Date:** _____

National Provider Identifier (NPI): _____ **Phone:** _____

Parent/Guardian Name: _____ Phone: _____

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.

Parent/Guardian Signature: _____ Date: _____