Individualized Healthcare Plan: G-tube in school setting

School Nurse Name and Phone Number

Student Name | School Year | School | Grade | Student #

Parent/Guardian & Phone #:	
Parent/Guardian & Phone #:	
Primary Care & Phone #:	
Specialist & Phone #:	
Preferred Hospital:	
Emergency Contact:	
Current Health Issues:	
Pertinent Health History:	Date g-tube placed: _____ Brand/type of device: _____ Size: _____ fr _____ cm
Allergies:	
Restrictions:	☐ Do **NOT** give any foods or liquids orally ☐ Able to eat and drink by mouth ☐ Able to eat solids by mouth but do **NOT** give any liquids by mouth ☐ Other: _____
Current Medications:	**AT HOME:**
	AT SCHOOL:
Health Problem(s):	
Problem: Inadequate Nutrition intake	**Goal:** Student will receive adequate nutritional intake via g-tube. **Action:** ☐ Delegated staff will provide g-tube feedings and/or medication administration in accordance with orders dated: _____. **G-tube Feeding:** Please refer to g-tube order form and attached feeding addendum for instructions. Check all that apply. ☐ Slow drip or continuous feed ☐ Pump bolus feed ☐ Bag gravity feed ☐ Syringe gravity bolus feed ☐ Syringe push bolus feed ☐ Medication Administration ☐ Venting

Revised and adopted by CHCO School Health Program 2025 from CDE http://www.cde.state.co.us/HealthAndWellness/SNH_HealthIssues.htm .

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	Basic Feeding information: Formula type is _____ Feeds will be given at _____ • _____mL will be administered at each feeding • _____ mL of water for flush • Rate of feed (only if given by pump) _____mL/hr
Problem: Bleeding and/or drainage from g-tube site.	**Goal:** Maintain skin integrity around the g-tube site. **Action:** ☐ Check to be sure the tube is not being pulled on. ☐ Check that cap is in place. ☐ Check for leaking at insertion site. o If leaking or bleeding is noted, notify RN and parents. ☐ If needed, change g-tube dressing per order
Problem: Risk of g-tube stoma closure.	**Goal:** Preserve stoma opening. **Action:** If g-tube comes out, trained/delegated staff may: **G-tube is greater than 8 weeks old:** ☐ Rinse device with warm water or use replacement device provided by family and deflate balloon if necessary. ☐ If needed, wipe skin around site with a paper towel to dry prior to reinsertion. ☐ Apply lubricating jelly to the end of the device. ☐ GENTLY reinsert device into stoma opening. If using a foley catheter, insert foley, kink the tubing, and tape it to the skin. For a child that is less than one year old or if a child of any age has a J-tube you should insert the foley catheter 1 inch. For a child over the age of one year that has a G-tube or a GJ-tube you should insert the Foley catheter 2 inches. ☐ If you meet resistance when attempting to reinsert, try next size down (if available). Do NOT force the replacement device into the stoma. ☐ Cover site with dry, sterile gauze and secure with tape. ☐ Notify parent and RN. ☐ Do NOT inflate balloon or feed until parent arrives and checks placement by flushing the g-tube or drawing back stomach contents. **G-tube is less than 8 weeks old (DO NOT REPLACE):** ☐ Notify Parents and RN about dislodgement. ☐ Cover site with gauze or paper towel to help with leaking.

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	☐ Parents will need to pick up student and take them to see provider for G-tube replacement prior to using the G-tube in the school setting. ☐ Check box if parent requests that school **does not** attempt tract preservation. Staff will notify the parent immediately if the g-tube becomes dislodged and the parent will come and replace g-tube.
Problem: Potential problems with feeding tube.	**Goal:** Ensure student tolerated feeding as ordered. **Action:** Monitor for the following problems that may occur during feeding: ☐ Coughing, laughing, or crying during the feeding can cause the feeding or stomach contents to be forced back into the tubing. Clamp the tubing until the child stops the behavior and then proceed with the feeding. ☐ Nausea, cramping, discomfort, hiccoughs can be the result of the feeding being too fast, too cold, too hot, or the volume is too large. Stop the feeding and check the temperature of the feeding. Proceed if temperature is correct at a slower rate. If these symptoms persist with more than two feedings notify the school nurse. The volume of the feeding may need to be evaluated. ☐ Vomiting can be a result of any of the above problems. If vomiting occurs, stop the feeding. Notify the parents that the feeding was interrupted, how much food was given, and approximately how much they vomited. ☐ Blocked tube prevents the food/fluid from moving. The tube may have been clogged with dry or thick feeding. If this occurs do not try to flush tube or squeeze tube. Contact parent or school nurse immediately.
EMERGENCY ACTION PLAN	Shelter in place Evacuation plan

Personal Care Services/ Medically Necessary Services *(repeat segment if more than one service)*
ICD-10 Code:

Specific task: *example: feeding, cath, diaper change*
Scope: *What is the related service that is needed for the student?*
Duration: *How long does the service take? (minutes or hours/per instance)*
Frequency: *How many times does it need to be done per day? (number times per day or as needed)*

This service is medically necessary through the following dates, not to exceed one year.
Start Date: **End Date*:***

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TO THE PARENT/GUARDIAN: If _____ ("Child") experiences a change in his/her health condition (such as a change in medication or a hospitalization) please contact the School Nurse Consultant so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child's health care provider(s) listed above, as needed. I understand that the School Nurse Consultant may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for the Child. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the Child's safety and well-being while at school or during school related activities.

parent/guardian	date	School nurse	date
health care provider	date	administrator	date

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