

Prince William County Public Schools  
Health Treatment Plan  
Tube Feeding

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ SY: \_\_\_\_ - \_\_\_\_

School: \_\_\_\_\_ Date Received: \_\_\_\_\_ Classroom: \_\_\_\_\_

Type of Tube:	Method of Feeding:	Type of Nourishment:
<input type="checkbox"/> G Tube <input type="checkbox"/> GJ Tube	<input type="checkbox"/> Pump	<input type="checkbox"/> Formula: _____
<input type="checkbox"/> NG Tube <input type="checkbox"/> J Tube	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pureed Food: _____
<input type="checkbox"/> Size _____	<input type="checkbox"/> Push	<input type="checkbox"/> Other: _____

Order Requirements:

- A new health care provider order is required for each school year;
- Staff will complete the Individual Feeding Log after each feeding;
- Parent/guardian will provide extra formula to be kept in case of spillage;
- If tube comes out, the parent/guardian will be called. Prince William County Public Schools staff WILL NOT reinsert tube;
- Parent/guardian is responsible for preparing food (pureeing, straining, chopping, dicing, etc.); and
- Parent/guardian will give a demonstration prior to first feeding in school.

Venting Needed:  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.

1<sup>st</sup> Feeding:  
Time: \_\_\_\_\_ Amount: \_\_\_\_\_ Rate: \_\_\_\_\_ Flush: \_\_\_\_\_ cc water after feeding.  
2<sup>nd</sup> Feeding:  
Time: \_\_\_\_\_ Amount: \_\_\_\_\_ Rate: \_\_\_\_\_ Flush: \_\_\_\_\_ cc water after feeding.  
PRN Feeding:  
Time: \_\_\_\_\_ Amount: \_\_\_\_\_ Rate: \_\_\_\_\_ Flush: \_\_\_\_\_ cc water after feeding.  
Water to be given between feedings:  Yes     No  
Time(s): \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature