



# Prince George's County Public Schools

## Office of School Health

### Prescriber's Orders for Specialized School Health Services (Gastrostomy Tube Feeding/Button Tube Feeding)

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_ (DOB: \_\_\_\_\_)

Health Services Nurse

Phone

<b>REFERRAL</b>	Physician's Name		Phone
	Physician's Address		
	Patient Name (Last, First, Middle Initial)	Date of Birth	Race
<b>PATIENT INFORMATION</b>	Patient Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone
	Parent or Guardian	Relationship to Child	Phone
	School Presently Attending		Phone
	Diagnosis/Pertinent History (Use back as needed)		Treatment Start Date
<b>PHYSICIAN'S ORDERS</b>			Treatment End Date
	Describe Treatment/Procedure to be Administered: <b>GASTROSTOMY TUBE FEEDING/BUTTON FEEDING AT SCHOOL</b> Feeding will run a minimum of 20-30 minutes. Student will be in a sitting position, unless otherwise instructed. If student takes anything orally, please indicate: _____  Formula: _____ cc, to be followed by _____ cc H2O at Feeding times: _____  Special instructions: _____  In the event of abdominal distention, gagging or emesis, feeding will be discontinued and parents contacted for further instructions. Carbonated beverage may be used to flush tubing in case of clogging. Decompression may be used to vent button.		
	Equipment/Supplies Necessary for Procedure		
	60 cc catheter-tip syringe, feeding tubing, decompression tube, formula		
	Dietary Recommendations		
	Activity Limitations		
	Physician's Signature		Date
	<b>PARENT/GUARDIAN</b>	<ul style="list-style-type: none"> <li>• I understand that I must supply the school with the equipment/supplies listed above.</li> <li>• I hereby authorize the treatment/procedure described above to be administered by Prince George's County Public School's staff to my child as directed by my child's physician.</li> <li>• I understand that the physician will be called if a question arises about my child's procedure.</li> </ul>	
Parent Signature		Date	
<b>PGCPS</b>	RN/LPN Signature	Date	