

JACKSON R-2 SCHOOL DISTRICT

GASTROSTOMY ACTION PLAN

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

- 1) Make sure all supplies that will be needed are sent from home.
- 2) Staff will not replace gastrostomy tubes if dislodged. These actions will be taken if this happens:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
- 3) The school nurse may provide in-services to classroom staff on gastrostomy tube feedings and supervise technical or functional concerns.
  - 1) Wash your hands. Assemble feeding equipment (30-60 cc syringe, stethoscope). Measure and prepare feeding. You will be delivering \_\_\_\_\_ cc of \_\_\_\_\_
  - 2) Check placement of tube by pulling back plunger of the syringe. If there is no residual present, inject \_\_\_\_\_ cc of air and listen with a stethoscope over the abdomen for gastric sounds. Delay feeding for 30 minutes if the residual is \_\_\_\_\_ cc's or greater. If residual remains, contact parent.
  - 3) Pull back gently on the GI tube to make sure it is tight against the stomach wall.
  - 4) Position the student at a 45 degree angle, \_\_\_\_\_.
  - 5) Attach tube, syringe or feeding bag. Fill with \_\_\_\_\_ cc of \_\_\_\_\_ (4). Unclamp the tube and allow feeding to flow in for \_\_\_\_\_ minutes by gravity or \_\_\_\_\_.
  - 6) Monitor student during procedure. Recheck placement if student appears distressed.
  - 7) After delivery, flush tube with \_\_\_\_\_ cc's of water and reclamp.
  - 8) Assess tube site and secure the tube.
  - 9) Keep student elevated for \_\_\_\_\_ minutes after delivery.
  - 10) Parent will be notified of any incidents or changes in feeding tolerance.
  - 11) Feedings will be documented on a daily flow sheet. Times given, residual, and any problems will be charted on flow sheet as well.
  - 12) When using a feeding pump:
    - a. specific manufacturer's instructions will be followed.
    - b. bag and tubing will be filled prior to feeding and unclamping tube to reduce distention.
    - c. Pump manual will be kept with pump for reference.
  - 13) Instructions for nausea/vomiting: \_\_\_\_\_

Are there any other instructions you would like us to follow? \_\_\_\_\_

Thank you for your assistance.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Physician signature required \_\_\_\_\_ Date \_\_\_\_\_

**JACKSON R-2 SCHOOL DISTRICT  
GASTROSTOMY NEEDS ASSESSMENT**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

As greater numbers of students with physical and multiple handicaps are being mainstreamed into regular education settings, the school nurse will more likely be involved with a student who receives his/her primary nutrition by gastrostomy feedings. The school nurse will play a primary role in management and supervision of this procedure for a student in the school setting.

What was the history and diagnosis that resulted in placement of the feeding tube? \_\_\_\_\_

At what age was the placement done? \_\_\_\_\_ Are there any oral feedings? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have capabilities to help with the feedings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what extent? \_\_\_\_\_

Can student verbalize painful or inadequate delivery of feeding? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there barriers involved involved in self-care? \_\_\_\_\_

Is the student capable of making decisions in his/her care? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a certain feeding position he/she needs to be in, please describe: \_\_\_\_\_

What is the student's bowel elimination pattern? \_\_\_\_\_

Frequency of routine tube replacement: \_\_\_\_\_ and by? \_\_\_\_\_

What, if any, medications will be administered through the tube at school? \_\_\_\_\_

Has a Parental Permission form been turned in for our nurses to give this medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Safety precautions and care of the tube and stoma are essential. We will follow all procedures as directed in the Gastrostomy Action Plan.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
R.N. SIGNATURE

\_\_\_\_\_  
DATE