

**PILLAR SCHOOLS**  
**2023/2024 SCHOOL YEAR**

**FEEDING TUBE ACTION PLAN**

**Pillar High School**

71-77 Okner Parkway  
Livingston, NJ 07039  
(973) 535-1999  
Fax: (973) 535-1262

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

<b>Feeding Tube Information</b>	<b>Date of Gastrostomy and/or Jejunostomy First Insertion:</b> _____
	<b>Type of Feeding Tube (check one):</b> <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Gastrostomy/jejunostomy
	<b>Type of G/J Tube (check one):</b> <input type="checkbox"/> Mic-Key <input type="checkbox"/> Mini ONE Balloon Button <input type="checkbox"/> Bard Button <input type="checkbox"/> Foley <input type="checkbox"/> Other _____
	<b>Lumen Size:</b> (Fr.) _____ Length: _____ Balloon Size: _____
	<b>Frequency of Tube Replacement:</b> _____

<b>Feeding Orders</b>	<b>Is Feeding Tube in Use at School (if yes, please complete orders below)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Feeding time(s):</b> _____
	<b>Does Feeding Require Use of a Pump?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Flow rate ____cc/hr
	<b>Is Feeding Given as a Bolus by Gravity?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Name of Formula:</b> _____ <i>*Formula must be sent to school in a labeled container with ingredients listed*</i>
	<b>Volume of Formula to be Given:</b> _____oz
	<b>Water Flushes:</b> <input type="checkbox"/> Flush with ____cc of water before medication/feeding is administered  <input type="checkbox"/> Flush with ____cc of water after medication/feeding is administered.
	<b>Is Child Allowed to Have Any Food/Drink by Mouth?</b> <input type="checkbox"/> Yes: Texture of Food _____ Consistency of Liquid _____ <input type="checkbox"/> No <input type="checkbox"/> Other (specify): _____
	<b>Has Child Had a Swallow Study Test in the Last 2 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*IF YES, PLEASE ATTACH A COPY OF MOST RECENT TEST RESULTS*</i>

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Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Feeding Orders**

Care for Feeding Tube Site (include cleaning instructions & orders for application of any cream/ointments) : \_\_\_\_\_

Is Swimming Permission Granted? ☐ Yes ☐ No

If YES, site care for swimming: \_\_\_\_\_

**Emergency Plan**

If G-tube becomes dislodged can a School Nurse replace it? ☐ Yes ☐ No

*\*Please note that this applies to Mic-Key and Mini ONE buttons ONLY! All other feeding tube types cannot be replaced by a Pillar School Nurse. An extra feeding tube replacement kit must be sent into school and kept in health office\**

- If permission is granted, a school nurse will reinsert Mic-Key or Mini ONE button with the following orders:
  - Fill feeding tube balloon with \_\_\_\_\_ mL of \_\_\_\_\_.
  - Other: \_\_\_\_\_
- **Parents/Guardians will be called immediately to reinsert tube or to pick the student up from school if any of the following scenarios occur that prevent the nurses from being able to replace a dislodged feeding tube:**
  - Feeding tube is NOT a Mic-Key or Mini ONE button.
  - No replacement Mic-Key or Mini ONE button is available.
  - No permission has been granted for reinsertion.
  - Difficulty reinserting feeding tube is encountered.
  - In all cases when a nurse is unable to replace a dislodged feeding tube, the stoma site will be cleansed and covered with gauze. Dislodged feeding tube will be retained and saved for reinsertion by parent or a physician if necessary.
  - If unable to reach the parent/guardian within **30 minutes** of tube becoming dislodged and/or they are unable to get to school within **1 hour** of tube becoming dislodged, **EMS 911 will be called, and student will be transported to the local emergency room.**
- If feeding tube becomes clogged and school nurses are unable to gently unclog tube, parent will be notified. School nurses cannot forcefully flush or forcefully replace any feeding tube.
- If feeding tube becomes dislodged when a nurse is unavailable, **911 will be called by a Pillar staff member.**
- **911 will be called per nursing discretion for any medical emergency.**
- Other: \_\_\_\_\_

Parents/ caregivers are requested to notify the school Nurse of any change in health status that may affect the procedures listed in the health care plan.

Physician Signature \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_