PILLAR
CARE CONTINUUM

Pillar High School
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FEEDING TUBE ACTION PLAN
2026-2027 School Year

Student Name: _____ **DOB:** _____

Diagnosis: _____ **Allergies:** _____

Feeding Tube Information

Date of Gastrostomy and/or Jejunostomy First Insertion: _____

Type of Feeding Tube (check one):
☐ Gastrostomy ☐ Jejunostomy ☐ Gastrostomy/Jejunostomy

Type of G/J Tube (check one):
☐ Mic-Key ☐ Mini ONE Balloon Button ☐ Bard Button ☐ Foley ☐ Other_____

Lumen Size:
(Fr.)_____ Length:_____ Balloon Size:_____

Frequency of Tube Replacement: _____

Feeding Orders

Is Feeding Tube in Use at School ☐ Yes ☐ No (if yes, please complete orders below)?

Feeding time(s): _____ _____ _____ _____

Does Feeding Require Use of a Pump?: ☐ Yes ☐ No
(IF YES, PLEASE COMPLETE THE FLOW RATE BELOW):
☐ Flow rate ____cc/hr

Is Feeding Given as a Bolus by Gravity?: ☐ Yes ☐ No

Name of Formula: _____
Formula must be sent to school in a labeled container with ingredients listed

Volume of Formula to be Given: _____oz

Water Flushes:
☐ Flush with ____cc of water before medication/feeding is administered

☐ Flush with _____cc of water after medication/feeding is administered.

Is Child Allowed to Have Any Food/Drink by Mouth?
☐ Yes: Texture of Food_____Consistency of Liquid_____
☐ No
☐ Other (specify):_____

Has Child Had a Swallow Study Test in the Last 2 years? ☐ Yes ☐No
IF YES, PLEASE ATTACH A COPY OF MOST RECENT TEST RESULTS

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 in 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: _____