

**Kauri Sue Hamilton School**  
**Authorization to Administer Gastrostomy (G-Tube)**  
**/Gastrostomy-Jejunostomy (G-J Tube) Feeding Procedure**

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**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

G-Tube \_\_\_\_\_ G-JTube \_\_\_\_\_ GT button type and size:

Brand: \_\_\_\_\_ Size: \_\_\_\_\_ F \_\_\_\_\_ cm \_\_\_\_\_ (ml) volume of water in balloon

**FEEDING ORDERS DURING SCHOOL**

Formula name: \_\_\_\_\_ Water only: \_\_\_\_\_

☐ **Bolus feeding via syringe or bag (gravity)**

Volume (amount): \_\_\_\_\_ ml over \_\_\_\_\_ minutes

☐ Feeding is required every \_\_\_\_\_ hours **-OR-**

☐ Feeding is required at \_\_\_\_\_ o'clock (and) \_\_\_\_\_ o'clock **-OR-**

☐ Feeding is required ONLY if student does not eat lunch orally

☐ Flush before and after with \_\_\_\_\_ ml water

☐ **Feeding Pump- \*Pump to be programmed by parent\***

☐ **Bolus Pump Feeding:** Volume (amount) \_\_\_\_\_ ml Rate set at: \_\_\_\_\_ ml/hr over \_\_\_\_\_ minutes

☐ **Continuous Pump Feeding:** Rate set at: \_\_\_\_\_ ml/hr

**ADDITIONAL HYDRATION:**

☐ **Water** Volume (amount): \_\_\_\_\_ ml

Administer via ☐ GT ☐ JT ☐ Gravity ☐ Pump -Rate set at: \_\_\_\_\_ ml/hr over \_\_\_\_\_ minutes

**ADDITIONAL INFORMATION:**

**Student may also eat orally:** Yes/No: \_\_\_\_\_

If yes, texture (regular, chopped, soft, puree) or diet restrictions \_\_\_\_\_

Tastes Only: \_\_\_\_\_ **NOTHING** by mouth: \_\_\_\_\_

**Position Student**

☐ Sitting upright or semi-reclining ☐ Laying down ☐ Any position ☐ Other \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Statement**

I, Parent/Guardian of \_\_\_\_\_, hereby request the School Nurse or trained staff member to administer the above feeding procedure(s). I agree to furnish all equipment, formula and supplies necessary for the administration of the tube feeding. **I also agree to notify the School Nurse of any change made regarding formula type, and/or amount, administration time or discontinuation of feeding.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ RN Date: \_\_\_\_\_