



Classroom Health Care Plan

Name: _____ Effective Date: _____

Parent: _____ School: _____

Doctor: _____ School Nurse: _____

Special Ed: 504 DOB: _____ Bus: Yes No

(Personal data: i.e. onset, brief history, etc.)

A Gastrostomy (G-tube) is a safe and simple way of giving food, medicines and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth, or unable to get enough nourishment by mouth.

The gastrostomy is a surgical opening into the stomach. A flexible rubber tube (the gastrostomy tube) is inserted into the surgical opening. It is held in place from the inside of the abdomen (with a fluid filled balloon) as well as on the outside at all times. The tube is clamped and capped between feedings to prevent leakage.

There are many different type of G-tubes and some are called buttons. They look slightly different but all have the same purpose: to provide food, medication, and fluids directly to the stomach. (_____) has a tube/button.

Problem: Possible G-tube dysfunction

Goal: Early recognition and intervention of G-tube problems

Action:

1. Bleeding and/or drainage
 - a. Check to be sure the tube is not being pulled on.
 - b. Check that cap or clamp is properly secured.
 - c. Check for leaking at incision site.
 - d. If leaking or bleeding continues, contact parents.
2. G-tube falls out or is pulled out.
 - a. The surgical opening may close quickly. The G-tube must be reinserted before the opening closes. (_____)’s G-tube must be reinserted within (____) minutes.
 - b. Cover the site with a dry dressing or bandage.
 - c. Notify _____ immediately.
 - d. **DO NOT attempt to reinsert the tube yourself.**
 - e. If _____ is unavailable, contact the parents for further instructions.
 - f. If parents are unavailable, contact an emergency medical provider (911).

Problem: G-tube feeding

Goal: Safe care and feeding

Action:

1. (_____) will require a feeding every (____) hours or at (____) o’clock.
2. School staff will be trained by school nurse in feeding.

★ Note: instruction for performing gastrostomy feedings should be child specific and meet a physician-approved protocol. This may be included as part of the health care plan.

An approved check list for training this for training this procedure should be used. A sample is enclosed in the appendix.

3. **Problems** that may occur during feeding:

- a. Proper **position of the student** and **placement of the tube** must be verified. If more than 50cc of stomach contents are found in the stomach before the feeding, the feeding should be postponed until this residual has decreased.
- b. **Coughing, laughing, or crying** during the feeding can cause the feeding or stomach contents to be forced back into the tubing. Clamp the tubing until the child stops the behavior and then proceed with the feeding.
- c. **Nausea, cramping, discomfort, hiccoughs** can be the result of the feeding being too fast, too cold, too hot, or the volume is too large. Stop the feeding and check the temperature of the feeding. Proceed, if temperature is correct, at a slower rate. If these symptoms persist with more than two feedings, notify the school nurse. The volume of the feeding may need to be evaluated.
- d. **Vomiting** can be a result from any of the above problems. If vomiting occurs, stop the feeding. Notify the parents that the feeding was interrupted, how much food was given, and approximately how much was vomited.
- e. **Blocked tube** prevents the food /fluid from moving. The tube may have been clogged with dry or thick feeding. If this occurs do not try to flush tube or squeeze tube. Contact parent of school nurse immediately.

Physicians Signature

Date

Parent Signature

Date

School Nurse Signature

Date