



Carbon Lehigh Intermediate Unit #21

4210 Independence Drive
Schnecksville, PA 18078-2580

Gregory S. Koons, Ed.D.
Executive Director

Kimberly A. Talipan
Assistant to the Executive Director

610-769-4111
800-223-4821
Fax 610-769-1290
www.cliu.org

facebook.com/CarbonLehighIntermediateUnit21

@CLIU21

youtube.com/user/CarbonLehigh

Gastrostomy Information Form/Authorization

Parent/Guardian Authorization

I hereby authorize the designated provider to administer feeding as indicated on this Gastrostomy Information form that I have provided for the student indicated below.

Parent's/Guardian's Signature _____ Date: _____

Parent's/Guardian's Printed Name _____

Formula Preparation and Feeding Instructions – To Be Completed by Doctor

Physician Authorization

I hereby authorize the designated provider to administer feeding as I have indicated on this Gastrostomy Information sheet for the student indicated below.

Printed Name: _____ Phone: _____

Physician's Signature _____ Date: _____

Address/city/state/zip: _____

Student's Name _____

Student's Primary Doctor _____ Phone _____

Doctor who placed tube: _____ Phone _____

Type of G-Tube _____ Size _____

Balloon Fluid _____

Volume _____

Type of Formula _____ Feeding times _____

How fast is feeding to be delivered? _____ i.e. over 20 mins to an hour

Amount of formula _____ Continuous feeding rate of formula on pump _____ per hour

What is used to flush after feeding? _____ Amount _____ cc./oz.

Should residual be checked? Yes _____ No _____ Protocol to follow if residual is over _____ Amount _____

Residual Protocol to follow: _____

CONTINUED ON NEXT PAGE

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."

Student Name: _____

G-tube Replacement Dates: Tending Physician please date and initial

Special Directions:

Tube Fallout Protocol:

Irritated Site Protocol:

Original: Building Nurse

Copy: Teacher Class File, Student File