

Carbon Lehigh Intermediate Unit #21

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You Tube "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:	Date:	
Student's Name		
Student's Primary Doctor	Phone	
Doctor who placed tube:		
Type of G-Tube		
Balloon Fluid		
Volume		
Type of Formula Feeding time	28	
How fast is feeding to be delivered?		i.e. over 20 mins to an hour
Amount of formula Continuous feeding rate of	of formula on pump	per hour
What is used to flush after feeding?	Amount	
Should residual be checked? Yes No Protocol to follow	No Protocol to follow if residual is over Am	
Residual Protocol to follow:		
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Helping Children Learn

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

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

Special Directions:

Tube Fallout Protocol:

Irritated Site Protocol: