



# Carbon Lehigh Intermediate Unit #21

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## Gastrostomy Information Form/Authorization

### Parent/Guardian Authorization

I hereby authorize the designated CLIU Employee 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 \_\_\_\_\_

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## Formula Preparation and Feeding Instructions – To Be Completed by Doctor

### Physician Authorization

I hereby authorize the designated CLIU Employee 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: \_\_\_\_\_  
\_\_\_\_\_

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Student's Name \_\_\_\_\_  
Student's Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor who placed tube: \_\_\_\_\_ Phone \_\_\_\_\_  
Type of G-Tube \_\_\_\_\_ Size \_\_\_\_\_  
Balloon Fluid \_\_\_\_\_  
Volume \_\_\_\_\_

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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: \_\_\_\_\_

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


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**Special Directions:**

**Tube Fallout Protocol:**

**Irritated Site Protocol:**