



**JACKSON R-2 SCHOOL DISTRICT
GASTROSTOMY ACTION PLAN**

Student name: _____ Grade: _____ Date of birth: _____

1. Make sure all supplies that will be needed are sent from home.
2. Staff will not replace gastrostomy tubes if dislodged. These actions will be taken if this happens:
 - a. _____
 - b. _____
 - c. _____
3. The school nurse may provide in-services to classroom staff on gastrostomy tube feedings and supervise technical or functional concerns.
4. Wash your hands. Assemble feeding equipment (30-60 cc syringe, stethoscope). Measure and prepare feeding. You will be delivering _____ cc of _____
5. Placement needs to be checked - circle yes or no. If yes, Check placement of tube by pulling back plunger of the syringe. If there is no residual present, inject _____ cc of air and listen with a stethoscope over the abdomen for gastric sounds. Delay feeding for 30 minutes if the residual is _____ cc's or greater. If residual remains, contact parent.
6. Pull back gently on the GI tube to make sure it is tight against the stomach wall.
7. Position the student at a 45 degree angle, _____.
8. Attach tube, syringe or feeding bag. Fill with _____ cc of _____ (4). Unclamp the tube and allow feeding to flow in for _____ minutes by gravity or _____.
9. Monitor student during procedure. Recheck placement if student appears distressed.
10. After delivery, flush tube with _____ cc's of water and reclamp.
11. Assess tube site and secure the tube.
12. Keep student elevated for _____ minutes after delivery.
13. Parent will be notified of any incidents or changes in feeding tolerance.
14. Feedings will be documented on a daily flow sheet and/or in the school information system under the clinic log. Times given, residual, and any problems will be charted on flow sheet and/or clinic log as well.
15. When using a feeding pump:
 - a. specific manufacturer's instructions will be followed.
 - b. bag and tubing will be filled prior to feeding and unclamping tube to reduce distention.
 - c. Pump manual will be kept with pump for reference.
16. Instructions for nausea/vomiting: _____

Are there any other instructions you would like us to follow? _____

Parent/Guardian signature: _____ **Date:** _____

Physician signature required: _____ **Date:** _____