

G-tube Feeding Plan & Emergency Action Plan

Supplemental Form



Participant Name: _____ Date: _____

TYPE OF TUBE

1. What type of tube does the participant have: Nasogastric Orogastric
 Gastrostomy Percutaneous Endoscopic Gastrostomy Jejunostomy

2. Does the feeding tube have more than one port?* Yes No

**If yes, each port must be clearly labeled so that we are aware of which one is for medication, which one is for feeding, and which one is to inflate the balloon.*

MEDICATION ADMINISTRATION

3. Will the participant require medication administration through their tube during respite events? Yes No (If yes, please continue below. If no, skip to question 4).

A). If a non-liquid medication, how should this medication be administered?

Crushed Dissolved in water Other: _____

B). If multiple medications, can the medication be administered all together?

Yes No

C). Does the participant require a water flush after medication administration?

Yes No; If yes, please explain: _____

FEEDING INSTRUCTIONS

**Participants who require the use of a feeding tube will be allowed to participate in Respite events, but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the Respite event. In addition, it is the responsibility of the family to train the staff on how to care for and administer feedings.*

4. The participant has a doctor's order and is on a specific feeding schedule which will require a feeding during Respite events yes no (If yes, please continue below. If no, please skip to question 5).

A). What type of formula feeding does the participant consume? _____

B). How much of the formula should be given to the participant? _____

C). Does the participant require a water flush after a feeding?

Yes No; If yes, please explain: _____

D.) Should we expect to have difficulties with the tube clogging? Yes No

If yes, please explain how to unclog the tube: _____

EMERGENCY CARE INSTRUCTIONS

5. If we see drainage around the g-tube area, how should we care for and clean the affected area? (check all that apply and explain below)

- Soap & water
- Ointment
- Other: _____
- Antiseptic solution
- Cover with g-tube gauze

Please explain: _____

5. Should the g-tube happen to come out during a Respite event, how long can the tube be out before the stoma closes up? _____

A). Please list the procedures we should follow if the g-tube comes out during a Respite event.

<i>By</i>	If the participants g- tube falls out, please follow the procedures below:	Call 911 immediately if...
	1.	
	2.	
	3.	

signing below, I acknowledge that the information provided above is the most recent and up-to-date medical information for the above listed participant. I agree to train the Respite staff on the care and feeding of the participant listed above. In the event of an emergency, I give my permission for Easterseals Crossroads to seek emergency medical care and treatment from the physician and/or hospital that I have identified on the Respite Registration Forms. I understand that I am responsible for payment of any emergency medical care.

Parent Signature

Date

For staff use only:

This form was received and reviewed by:

Name / Title

Date