LAKE COUNTY BOARD OF DD/DEEPWOOD **BROADMOOR SCHOOL** NURSING DEPARTMENT

PHYSICIAN'S REOUEST FOR ADMINISTRATION OF G-TUBE OR J-TUBE FEEDINGS & **INSERTION OF TEMP. CATHETER OR REPLACEMENT OF THE MIC-KEY**

Student Name: _______ is under my care and should receive:

Name of Formula:______ Amount:_____

Route: (G-Tube or J-Tube)_____

Time of Feeding (must be between 9 am – 2 pm – only one feeding a day is possible):_____

Setting / Duration of feeding:______Flush with ______cc of water after feeding.

As you are aware, it is possible that the child's G-Tube/Mic-Key could accidentally be dislodged while at school. Because of the importance of maintaining the opening into the stomach, we are able to insert a soft temporary catheter or replace the Mic-Key (if it has been provided by the parent) with a Physician Order.

Physician Order: (fill in each line)

Size & type of soft catheter and/or size of Mic-Key:

Type & Amount of solution to inflate balloon:

Preferred lubricant:

Note: If we are unable to insert the size soft catheter ordered, we will attempt to insert a smaller catheter to maintain patency. This catheter or Mic-Key must be supplied by the guardian. If a temporary catheter is placed, we will not feed the child. The guardian will be notified of the need to contact you regarding replacement of a permanent tube. If no order is on file with us, we will only notify the guardian of the dislodgement.

Physician Signature

Phone Number

Date

GUARDIAN'S REQUEST FOR THE ADMINISTRATION OF G-TUBE OR J-TUBE FEEDINGS & INSERTION OF TEMP. CATHETER OR REPLACEMENT OF THE MIC-KEY

I hereby request and give consent to the principal or his/her designee (school nurse or other responsible person) to administer feedings and / or insertion of temp. catheter or replacement of the Mic-Key as above to my child.

Guardian Signature

Date

***NOTE:** This consent expires at the end of the current school year. Mail or fax this order (440) 602-1030. Please call Broadmoor Nursing at (440) 602-1007 (08/2016)