**Gastrostomy Tube Feeding Documentation Record (page 1 of 2)**

**Complete Nursing Assessment & Interventions in Accordance with Individualized Health Care Plan (IHCP)**

**Nursing Goal:** Student achieves and maintains good nutritional intake

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | **DOB** |  | **School/ District** |  | **Grade** |  |
| **Parent/ Guardian** |  | **Phone** |  | **Physician/ NP/PA** |  | **Phone** |  |
| **Order Start Date** |  | **Order Exp Date** |  | **IHCP on File** |  | **ICD-10 Code** | \_\_ \_\_ \_\_ \_\_ \_\_ |

**Type of tube:** G-tube/PEG J-tube/PEJ **Method of Feeding**: Gravity-drip Pump Syringe

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| **Date/Times** | | | **Gastrostomy Feeding** | | | | | | **Complications/Assessment** | **Signature/Title** | **\*Code** |
| **Date** | **Start**  **Time** | **Stop**  **Time** | **√ Tube for residual per orders 1** | **Skin Integrity2** | **S & Sx**  **Infection3** | **Medications**  **Added4**  **Yes No** | | **Flushed feeding tube per orders** |  |  |  |
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**\*Medicaid Procedure Code: Code T1002 – RN Services up to 15 minutes – Code T1003 – LPN Services up to 15 minutes**

**To be completed by Attending Provider (School Nurse/RN): NOTE: LPN must use supervising RN’s NPI number**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_ NPI number: \_\_\_ \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_ NPI number: \_\_\_ \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_ NPI number: \_\_\_ \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_ NPI number: \_\_\_ \_\_\_\_\_\_\_\_

1-Refer to medical orders. Adjust the feeding volume according to orders if a residual is present. 2-i=intact, g=granulated, e=excoriated

3-p=pain, b=bleeding, r=redness, s=swelling, w=warmth, f=fever, pd=purulent drainage, gd=green drainage 4-Documented on Medication Administration Record (MAR)

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2.**

**Student Health Flow Sheet for Additional Comments on Student Response to Gastrostomy Tube Feeding Procedure**

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| **Date** | **Time** | **Complications/Assessment** | **Signature/Title** |
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This sample form is located at: [www.schoolhealthny.com](http://www.schoolhealthny.com) in the Forms | Notifications – updated February 2017