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

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

Date/Times			Gastrostomy Feeding						Complications/Assessment	Signature/Title	*Code
Date	**Start Time**	**Stop Time**	**√ Tube for residual per orders [1]**	**Skin Integrity[2]**	**S & Sx Infection[3]**	**Medications Added[4] Yes**	**No**	**Flushed feeding tube per orders**			

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

Date	Time	Complications/Assessment	Signature/Title