Feeding Tube Administration & Emergency Action Plan

Name of Child: ___________________________ Date: _______________

**TYPE OF TUBE**

1. What type of tube the child has:
   - [ ] Gastronomy  [ ] Jejunostomy  [ ] Nasogastric  [ ] Orogastric

2. How the feed is administered:
   - [ ] Pump  [ ] Gravity  [ ] Syringe  [ ] Other: ________________________

3. 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 and which one is for feeding.

**MEDICATION ADMINISTRATION**

4. Will the child require medication administration through their tube during their stay at Gio’s Garden:  [ ] Yes  [ ] No (If yes, please continue below. If no, skip to question 5).

   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 flush after medication administration?
      - [ ] Yes  [ ] No If yes, please explain (amount): ________________________

**FEEDING INSTRUCTIONS**

*It is the responsibility of the family to teach the staff how to care for and administer feedings for each child. If feeding tube plan of care has changed, the family must fill out and sign a new tube feeding plan.

5. The child has a doctor’s order and is on a specific feeding schedule which may require a feeding during their stay at Gio’s Garden  [ ] Yes  [ ] No (If yes, please continue below. If no, please skip ahead to question 6).

   A). What type of formula does the child consume?
       ________________________________________________________________
       ________________________________________________________________

   B). What is the total amount of formula that should be given to the child?
       ________________________________________________________________
       ________________________________________________________________

   C). How long does it usually take for a feed?
       ________________________________________________________________
       ________________________________________________________________
D). What is the pump rate or size of bolus?

E). Does the child need a water flush before or after a feeding?  Yes  No
If yes, please explain (amount):

F). Should we expect to have difficulties with the tube clogging?  Yes  No
If yes, please explain how to unclog the tube:

**EMERGENCY CARE INSTRUCTIONS**

6. 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
- Antiseptic solution (provided by family)
- Ointment (provided by family)
- Other: __________________________

Please explain: __________________________

7. Should the feeding tube happen to come out during the time your child is at Gio’s Garden, how long can the tube be out before the stoma closes up?  

A). Please list the procedures we should follow if the feeding tube comes out while your child is with us:

<table>
<thead>
<tr>
<th>If the child’s feeding tube falls out, please follow the procedures below:</th>
<th>Call 911 immediately if..........</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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*By signing below, I acknowledge that the information provided above is the most recent and up-to-date medical information for my child. I agree to train the Gio’s Garden staff on the care and feeding of the child.*

Parent Signature __________________________  Date _________________