



# QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

Where Our Future Begins

## Gastrointestinal Order Form

This order is valid only for the (current) school year \_\_\_\_\_ including the summer session.

Student Name: \_\_\_\_\_

Grade/ Class: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School Year: \_\_\_\_\_

### GASTROSTOMY FEEDING

PUMP     GRAVITY    TIME    MAX – 1HR.

Formula: \_\_\_\_\_ Vol.: \_\_\_\_\_ Rate: \_\_\_\_\_ Water Vol.: \_\_\_\_\_

GT TUBE REPLACEMENT:  When no longer patent     When dislodged

Type of Tube: \_\_\_\_\_ Size: \_\_\_\_\_ Balloon Size: \_\_\_\_\_ Instructions if dislodged: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### SUCTION

Nasal     Oral     Pharyngeal     Tracheostomy

Bulb     Catheter Size \_\_\_\_\_

Routine Time: \_\_\_\_\_     PRN - Frequency: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### CATHETERIZATION

Urethral     Ostomy Catheter size \_\_\_\_\_ Self Care \_\_\_\_\_

Time(s) in School: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### OSTOMY CARE

Colostomy     Ureterostomy     PRN – Frequency: \_\_\_\_\_ Self Care \_\_\_\_\_

Type of Appliance: \_\_\_\_\_ Specific Instructions: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Type/Print Name/Address of Healthcare Provider

\_\_\_\_\_  
Fax #

PARENT/GUARDIAN AUTHORIZATION I understand that designated school health staff will administer the treatment/medication as prescribed by the above healthcare provider. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the equipment and/or medication, otherwise it will be discarded. I acknowledge that the school nurse can communicate with the healthcare provider as allowed by HIPAA.

\_\_\_\_\_  
Parent (Guardian) Signature:

\_\_\_\_\_  
Relationship To Student:

\_\_\_\_\_  
Date:

Date received in health suite: \_\_\_\_\_ by: \_\_\_\_\_

Order reviewed by School Nurse (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_