

# LYNN PUBLIC SCHOOLS NURSING SERVICES

## ENTERAL TUBE ORDERS

Date of Order: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Type of Feeding Tube: \_\_\_\_\_ Date of Insertion: \_\_\_\_\_

French Size: \_\_\_\_\_ Length in Centimeters: \_\_\_\_\_ Balloon Volume: \_\_\_\_\_

Name of Prescribed Formula: \_\_\_\_\_

Times to Administer	Formula Amount	Water Amount To be mixed with formula	Rate

*(For pump feeding, please adjust volume to account for formula left in pump tubing)*

**Measure Gastric Residual:** Yes  No

Frequency \_\_\_\_\_ Hold Feed for Volume Greater than \_\_\_\_\_

**Feeding Method:**

Feeding pump (type of pump) \_\_\_\_\_ OR  Bolus \_\_\_\_\_

Flush with \_\_\_\_\_ ml water before each feeding and \_\_\_\_\_ ml after each feeding

**Dislodged Tube:** Trained Nurse will replace within \_\_\_\_\_ minutes then notify parent and prescriber Yes  No

**Strict NPO:** Yes  No

**PO Feed Orders if indicated :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Special Considerations:** (site care, positioning, venting, free water, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please note school nurses **cannot** take orders from families but can collaborate with caregivers if formula and water ranges are prescribed)*

**Signature of Licensed Prescriber:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Practice:** \_\_\_\_\_ **Phone:** \_\_\_\_\_