

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT**

**GASTROSTOMY REINSERTION AUTHORIZATION FORM**

This order is valid only for the current school year \_\_\_\_\_ (Including Summer Session)

*This treatment authorization form must be completed fully in order for staff to administer required treatment.*

*A new form must be completed at the beginning of each school year.*

*\*Carefully review the reverse side of this form before completion.*

<b>Name:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
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**HEALTH CARE PROVIDER AUTHORIZATION**

**Allergies:**

**Condition for which treatment is being administered:**

**Treatment Instructions:** (only a nurse can reinsert a gastrostomy device)

If gastrostomy device is dislodged, the nurse will:

Insert new gastrostomy device size \_\_\_\_\_ fr & \_\_\_\_\_ cm

Utilize water soluble lubricant or water to facilitate reinsertion of device. Inflate balloon with directed amount of water.

If the nurse is not available or if tube cannot be reinserted, maintain stoma patency by:

\_\_\_\_\_.

**Is student competent to maintain patency?**

Yes     No

*Health Care Provider Stamp*

**Health Care Provider's Name/Title:** (Please Print)

Telephone:

Fax:

Address:

**Health Care Provider's Signature:**

**Date:**

**PARENT/GUARDIAN AUTHORIZATION**

I request designated personnel to administer the treatment as prescribed by the health care provider above. I certify that I have legal authority to consent to the administration of a treatment at school and understand that the health care provider will be contacted if questions arise regarding the student's treatment order.

**Primary Contact Phone:**

**2nd Phone:**

**Parent/Guardian Signature:**

**Date:**

**REGISTERED NURSE REVIEW / AUTHORIZATION**

**Is student competent to maintain patency?**

Yes     No

**Registered Nurse Signature:**

**Date:**

**IMPORTANT INFORMATION**  
**for Parents/Guardians and Health Care Providers**

1. Parent/guardian responsibilities:
  - a. Provide and maintain all equipment and supplies for the duration of the treatment order.
  - b. The parent/guardian must provide new supplies prior to expiration date(s).
2. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.
3. Student Competent to Maintain Patency:
  - a. The health care provider and registered nurse must indicate whether the student is competent to maintain patency, if needed.
  - b. If competent to maintain patency, the registered nurse will work with the student and parent/guardian to develop a *Plan for Medication/Treatment Management Outside the Health Room*.
4. The registered nurse must review and approve this form prior to administration.