

The Timothy School

G-Tube Emergency Care Plan (Doctor Signature Required)



ONLY required for students who have a G-Tube

Student's Name: _____ Date of Birth: _____

Reinsertion of Dislodged G-tube	
If the G-tube comes out it must be reinserted/replaced within 45 minutes. The school nurse will attempt to reinsert it one time after parent/guardian has demonstrated procedure to nurse at a mutually agreed upon time. If unsuccessful, the site will be covered with gauze until parent arrives.	
Procedure for reinsertion of Dislodged G-tube	
1	Use the MIC-KEY Gastrostomy feeding Tube Kit-Low-Profile G-Tube 14 Fr
2	Hold the Balloon Mini One Button and inflate the balloon with 5 ml sterile or distilled water using 6ml Luer tip syringe
3	Remove the syringe and observe the balloon for symmetry. Check for leaks. Remove water from balloon
4	Lubricate the tip of the MIC-KEY feeding tube with a water soluble lubricant (no oil or petroleum jelly)
5	Lubricate stoma. Gently guide the new tube (14 Fr) into the stoma until the MIC-KEY feeding tube is flat against the student's skin Note: stoma's can be straight in or at an angle
6	Hold the tube in place and fill the balloon with 5ml distilled or sterile water
7	Position the balloon against the stomach wall by pulling the MIC-KEY feeding tube up and away very gently until it stops
8	Wipe away fluid or lubricant from the tube and stoma
9	Check the tube for correct placement. Insert an extension set into the feeding port and <ul style="list-style-type: none"> a. Listen for air b. Aspirate residual stomach contents
10	Call Parent/Guardian

Doctor's Order:

Emergency Contact Information	
Parent/Guardian #1	Cell Phone: _____
	Work Phone: _____
Parent/Guardian #2	Cell Phone: _____
	Work Phone: _____
Emergency Contact in above cannot be reached	Cell Phone: _____
	Work Phone: _____

Prescribing Health Care Provider Name _____

Prescribing Health Care Provider Phone Number _____

Prescribing Health Care Provider Signature _____

Date of Signature _____

Parent(s)/Guardian Signature _____

Date of Signature _____