

Special Notice for Students Receiving Enteral Feedings

In order to ensure, safe and precise administration of your student's enteral feeding we have instituted several changes to Elim's Special Diet Order form;

- Feedings can *only* be administered during the times listed on the form. There is a one hour window of administration, before and after the listed times, so if the student has a therapy or other activity we are permitted to delay the feeding or give it earlier.
- We can *only* accommodate up to 3 formula feedings per day for your student. This ensures that your student is able to participate in as much of his or her school day as possible.
- Be sure to include *all* formulas that your student may have. We can only administer formula(s) written on the order.
- The dose (amount of formula or water to be given) must be an exact amount for each feeding time, for example "400mL." An amount listed as a range, such as "200mL-300mL" will no longer be accepted.
- The rate must be an exact amount for each feeding, for example, "350mL/hr." A rate listed as a range, such as, "250mL/hr-400mL/hr" will no longer be accepted.
- How the feeding is to be administered must be noted. If more than one type of administration is prescribed please be sure to mark *each* type that is allowed; gravity, pump and/or syringe. We ask that you include all forms in the event that there are mechanical problems with the feeding pump.
- Any changes to the formula, rate, dose, or administration type will require a new order signed by the student's health care provider.
- New or changed orders cannot be started immediately upon receipt, and will require at least 48 hours for processing.

It is our hope that these changes will extend educational time and, most importantly, ensure the most accurate feeding for your student.

We thank you for your understanding as we strive to maintain safe and consistent care of your student during the school day.

Celeste Lambert, RN

Evelyn Staunton, RN

Kimberly Godboldt, RN

ELIM CHRISTIAN SCHOOL PRESCRIBED DIET ORDER

Student name _____ Date: _____

To be completed by physician

Oral Intake

Solids: (*must check only one*)

- Nothing by mouth Chopped Pureed
- Therapeutic/sensory stimulation to taste
(pureed texture only)
- Solids in small bite-sized pieces
(Elim's standard preparation)
- Other restrictions or oral feeding guidelines:

Liquids: (*must check only one*)

- No liquids by mouth Nectar thick
- Thin liquids Honey thick

Enteral Feeding

Feedings and water administration are only available during the times listed.

G-tube

J-tube

Prescribed formula(s): _____

(Please include acceptable alternative formulas)

Gravity: Y / N Direct push: Y / N Pump: Y / N

Time	*Amount (mL)	Rate (mL/hr)
9:00 A.M.		
11:30 A.M.		
1:00 P.M.		

**Note name of formula in amount column if needed.*

Post feed water flush amount: _____

Water Administration

Gravity: Y / N Direct push: Y / N Pump: Y / N

Time	Amount (mL)	Rate (mL/hr)
9:00 A.M.		
11:30 A.M.		
1:00 P.M.		

Hydration Guidelines: _____

Venting Directives

syringe

Farrell bag

Guidelines: _____

Physician Name (print) _____ Physician Signature _____

Office Phone (_____) _____ Office Fax (_____) _____

As parent/guardian of the student listed above, I give permission for Elim Christian School staff, under the supervision of the school nurse, to administer feedings according to the orders listed above.

Parent/guardian (print) _____ Parent/guardian signature: _____

Date _____