

**ELIM CHRISTIAN SCHOOL PRESCRIBED DIET ORDER**

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

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**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): \_\_\_\_\_

Water Administration

**(Please include acceptable alternative formulas.)**

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

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

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9:00 A.M.		
11:30 A.M.		
1:00 P.M.		

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

Hydration Guidelines: \_\_\_\_\_

Post feed water flush amount : \_\_\_\_\_

**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. Any changes to the directives above will require submission of a new physician's order.**

Parent/Guardian (print): \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

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