

Medical Orders for Specialized Health Care Procedures

School Year: _____

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Diagnosis: _____

Procedures

Catheterization: Clean Sterile Catheter Size _____ Time(s) _____
After catheterization, catheter is to be: Disposed of in trash Cleaned and reused _____ times/days
Procedure for cleaning: _____

Ostomy: Colostomy Ileostomy Urostomy Other: _____ Ostomy Care/Frequency _____

Feeding: Gastrostomy Jejunosotomy Nasogastric Button Tube Other: _____
Button/tube type and size _____ Position during feeding _____
Formula _____ Volume to be given _____ cc over _____ minutes
 Flush with water after feeding Volume of flush _____ Frequency/times _____
 Gravity Pump: Type _____ May use gravity if no pump or pump malfunction
 Tube/button may be reinserted by nurse if dislodged Tube/button is **NOT** to be replaced at school: Parent must be called

Suction: Nasal Oral Type: Bulb Catheter: Catheter size _____ Frequency _____

Tracheostomy: Trach type & size _____ Suction catheter size _____
Frequency _____ Trach may be reinserted by nurse if dislodged

Other: _____

Precautions: _____

Special Instructions: _____

Physician's Signature: _____ **Date:** _____

I, the undersigned Parent/Guardian of _____, hereby request the School Nurse or trained staff member to administer the above procedure(s) according to the Physician's instructions. I agree to furnish all equipment, supplies, or other items necessary for the administration of the service/procedure and to provide replacement and maintenance as necessary.
I agree to notify the School Nurse immediately if there is any change in the student's status or Physician's orders.

Parent/Guardian Signature: _____ **Date:** _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete
School Nurse Signature: _____ **Date:** _____