

GASTROSTOMY - TUBE CARE: PHYSICIAN'S CHECKLIST (CHILD CARE FACILITIES)
(CHILD'S EVALUATION FOR APPROPRIATENESS OF CARE)**PART A - AUTHORIZED REPRESENTATIVE'S CONSENT**_____, born _____, is being considered to receive **gastrostomy-tube**
(NAME OF CHILD) (BIRTH DATE)**(G-tube) feeding and/or liquid medication through a G-tube at** _____
(NAME OF CHILD CARE FACILITY)

The child would attend this program from _____ a.m./p.m. to _____ a.m./p.m. _____ days a week.

Please provide the information required below on the above-named child. I hereby authorize release of medical information contained in this report to the above-named child care facility (center/school/family child care home).

(SIGNATURE OF CHILD'S AUTHORIZED REPRESENTATIVE)_____
(DATE)**PART B - INFORMATION TO BE COMPLETED BY PHYSICIAN****Assessment of Stability of Child's Medical Condition**Is the child's medical condition stable enough for a layperson with instruction/training to safely administer G-tube feeding, and liquid medication through a G-tube (if applicable), to the child in a child care setting? Yes No

Please explain: _____

Designation of Person to Provide Instruction on G-Tube Care

If the answer to the above question is yes, each person who administers G-tube care to the child must be instructed on how to provide that care by a competent person designated by the child's physician. Please indicate the person you designate to provide this instruction with regard to the above-named child (may be the child's authorized representative):

Name _____ Phone Number(s): _____

Address _____

Title or Relationship to Child: _____

Medical Assessment (same information as on the LIC 701 for centers)

A medical assessment is required for all children who receive G-tube care at a child care facility (including a family child care home). Please complete the following information for the above-named child. (A completed LIC 701, "Physician's Report - Child Care Centers," may be attached for a child who attends a child care center.)

PROBLEMS OF WHICH YOU SHOULD BE AWARE:

HEARING:	ALLERGIES:	MEDICINE:
VISION:	INSECT STINGS:	
DEVELOPMENTAL:	Food:	
LANGUAGE/SPEECH:	ASTHMA:	
	OTHER:	

OTHER (INCLUDE BEHAVIORAL CONCERNS): _____

COMMENTS/EXPLANATIONS: _____

MEDICATIONS PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

PHYSICIAN'S WRITTEN INSTRUCTIONS

Please provide specific steps for a layperson to administer food or liquid medication through a G-tube to the child and provide related necessary care. The instructions must be updated annually, or whenever the child's needs dictate (for example, if the child obtains a different type of G-tube or if the frequency of feeding and amount/type of formula or liquid medication to be administered to the child changes). Please attach an extra sheet(s) with the instructions. The instructions must include, but may not be limited to, the following:

- 1) Any limitation or modifications to normal activity required by the presence of the G-tube.
- 2) Frequency of feeding and amount/type of formula or liquid medication to be administered to the child in accordance with the physician's prescription.
- 3) Hydration of the child with water or other liquids as determined by the child's physician.
- 4) Method of feeding, administering liquid medication or hydrating the child, including how high the syringe is to be held during the feeding. If applicable, this includes how to use an enteral (means "into the stomach") feeding pump.
- 5) Positioning of the child.
- 6) Potential side effects, e.g., nausea, vomiting, abdominal cramping. (Decompression—the removal of gas in the gastrointestinal tract—is not to be performed on the child beyond briefly removing the cap from the gastric feeding button, which may or may not help relieve the child's discomfort.)
- 7) Specific actions to be taken in the event of specific side effects or an inability to complete a feeding, administration of liquid medication to the child, or hydration of the child in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- 8) How and when to flush out the G-tube with water, including what to do if the G-tube becomes clogged. Specific instructions on how many cc's of water to use when flushing out the G-tube.
- 9) Instructions for proper sanitation, including care and cleaning of the stoma site.
- 10) Instructions for proper storage of the formula or the liquid medication.
- 11) Instructions of proper care and storage of equipment.
- 12) The telephone number and address of the child's physician or designee (below).

PHYSICIAN:	DATE OF PHYSICAL EXAM:	CURRENT DATE:
ADDRESS:	TELEPHONE:	
SIGNATURE:		

PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER