

**GASTROSTOMY - TUBE CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to demonstrate that the licensee or staff person has obtained permission from a child's authorized representative to provide gastrostomy-tube (G-tube) care to the child. A copy of the completed form should be filed in the child's record and in the personnel file. **A separate form must be filled out for each person who provides G-tube care to the child.**

I, _____, give my consent for _____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer G-tube feeding and hydration to my child, _____, and to contact
(PRINT NAME OF CHILD)
my child's health care provider.

This consent DOES or DOES NOT include permission to administer routine LIQUID medication through a G-tube to my child. (Administration of crushed medications through a G-tube is not permitted in a licensed child care facility.) Check and initial the desired response.

I have also provided the child care facility with the following (see reverse side of form for details):

_____ Written verification from my child's physician of the name of the person designated by my child's physician to instruct the licensee or designated child care staff on how to provide G-tube care to my child.

_____ A copy of the G-tube manufacturer's instructions for the file.

_____ A copy of my child's medical assessment (including an assessment that the child's medical condition is stable enough for a layperson in a child care setting to safely administer G-tube care to the child). This requirement applies to children who attend both child care centers and family child care homes.

_____ Instructions from my child's physician or from a health care professional working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse (for example, a physician's assistant, nurse practitioner or registered nurse)). These instructions must be updated yearly, or more often if the child's needs change; see reverse side for a complete list of instructions required.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

CHECKLIST FOR AUTHORIZED REPRESENTATIVES: GASTROSTOMY-TUBE CARE IN CHILD CARE FACILITIES

Have you provided the child care facility with the following? [Please also see the LIC 701A, "Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities)," which may be used as an aid in obtaining some of the information.]

- Written permission. Written permission for the licensee (and, if applicable, designated staff members) to provide G-tube care to your child and to contact your child's health care provider.
- Name of instructor. Written verification from your child's physician of the name of the person designated by your child's physician to instruct the licensee or staff on how to administer G-tube care to your child.
- Manufacturer's instructions. A copy of the G-tube manufacturer's instructions for the file.
- Medical assessment. A medical assessment for your child, including the physician's assessment of whether your child's medical condition is stable enough for a layperson in a child care setting to safely administer G-tube care to the child (applies to children who attend both child care centers and family child care homes).
- Instructions from physician. Specific written instructions from your child's physician or designee, including:
 - Any limitations or modifications to normal activity required by the presence of the G-tube.
 - Frequency of feeding and amount/type of formula or liquid medication to be administered to the child in accordance with the physician's prescription.
 - Hydration of the child with water or other liquids as determined by the child's physician.
 - 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.
 - Positioning of the child.
 - 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.)
 - 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.
 - 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.
 - Instructions for proper sanitation, including care and cleaning of the stoma site.
 - Instructions for proper storage of the formula or the liquid medication.
 - Instructions for proper care and storage of equipment.
 - The telephone number and address of the child's physician or designee.