# CACHE COUNTY SCHOOL DISTRICT G-TUBE DOCUMENTATION LOG

**STUDENT'S NAME:** ______________________________ **SCHOOL:** ______________________________ **SCHOOL YEAR:** ________

## G-TUBE Protocol, Problems, Interventions

**Follow all CCSD G-tube protocols.
Only those trained by the School Nurse may provide feedings and interventions for G-tubes. Training for G-tube cares must be completed each year.**

| Date | Time | Amount | Follow G-tube IHP instructions | Assemble equip/position student | Wash hands/don gloves | Prime and clamp tube | Attach primed tube to button | Attach syinge/flush water per IHP | Give formula amount as per IHP | Flush water/IHP, clamp tube | Remove tubing, replace plug | Rinse & clean supplies | Crying | Discomfort | Coughing | Hiccups | Slowed or stopped feeding | G-tube dislodged, called parent | Meds administered (if ordered) | No problems noted | Student tolerated procedure well | Comments | Initials |
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