**Washington County School District Tube Feeding Flow Chart**

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| --- | --- |
| Student Name:  | Teacher/Grade:  |
| Physician Name:  | **Physician Phone:**  |
| Formula Type:  | **Amount per Feeding**:  |
| Delivery Method: 🗹Gravity/Drip □ Pump □ Syringe | **Flush Instructions:**  | **Feeding Time(s):**  |
| G-Tube Type: 🗹Mic-key/PEG □J-tube/PEJ  | **Special Instructions**:  |

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|  \***Date** | **Start Time** | **Stop Time** | **Amount** **Formula** | **Medications Added****Yes No** | **Flushed Feeding Tube Per Orders** | **Comments/Assessment** | **Signature/Title** |
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