**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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