

Classroom Management Plan for Gastrostomy and/or Jejunostomy Tube (G-Tube/J-Tube)

___ Allow STUDENT to self-limit activity as needed.

___ Contact School Nurse immediately if G-tube/J-Tube comes out. Follow Emergency
___ Action Plan. If school nurse is not available, call 911 immediately, then
___ Parent/Guardian and/or emergency contact. If bleeding is present, hold pressure.

___ Does STUDENT have continuous feedings? ___ Yes ___ No

___ If **NO**, the location of tube feedings is to be consistent with the STUDENT'S
___ Section 504, IEP, or health care plan.

___ If **YES**, STUDENT will return to classroom. All site/pump care will be completed
___ in the clinic.

*G-Tube/J-Tube feedings/medications must be administered by a Licensed
Nurse or Parent/Guardian unless self-administration is authorized.*