



Dear SASED Parents:

In order to continue to provide your child with quality nursing services, our SASED nurses have been specially trained to replace a Gastrostomy or Jejunostomy feeding tubes in the event of dislodgement in the school setting. SASED has provided our nurses with the appropriate information and training to be able to perform this procedure in the classroom. This will not replace the regular daily care that you provide in the home for your child's feeding tube or regularly scheduled changes. Please consider this as an option but you will need to consult with your child's physician.

If you do decide you would like this nursing service, we will require you and your child's doctor to complete the SASED authorization forms. This procedure will then be included in your child's medical plan. You have the right at any time to revoke your consent to this minor medical procedure. If you have any specific questions do not hesitate to speak with your child's nurse.

By allowing our nurses to perform these procedures, it will minimize the disruptions your child experiences so your son/daughters can maximize their participation in classroom activities.

Thank you for partnering with our SASED programs. If you have any questions, please contact Susan Arvans RN. She can be reached at 630-620-9479.

Sincerely,

Nan Diamond
Assistant Director of Programs & Services, SASED



**PHYSICIAN AUTHORIZATION
FOR
BALLOON-TYPE FEEDING TUBE REPLACEMENT IN THE SCHOOL SETTING IN CASE OF
ACCIDENTAL DISLODGEMENT OR BALLOON FAILURE**

(To be completed by physician)

DATE: _____

(Child's Name) _____ is under my medical care for _____ and has either a gastrostomy tube or jejunostomy tube to provide nutrition. I understand that daily care and reinsertion should take place in the child's home, however, in the event the gastrostomy or jejunostomy tube becomes dislodged due to balloon failure or dislodged for any reason the tube could be reinserted by appropriately trained RN's or LPN's during the school day.

(The gastrostomy tube must have been in place for minimum of four months for reinsertion in the school setting. If a gastrotomy/jejunostomy (G-J) tube becomes dislodged parents will be notified as these need to be reinserted by a physician.)

It is necessary to reinsert gastrostomy or jejunostomy tube during school hours. YES NO

Type of tube: Gastrostomy Jejunostomy

Date of initial insertion: _____

Current Brand: _____

Current Size: Diameter _____ Length _____ Balloon Size _____

Side effects/ Precaution _____

Physician Signature _____
Printed Physician Name _____
Address _____
Emergency Telephone # _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

I give permission for my child to have their gastrostomy feeding tube reinserted as directed by the physician. I request that an authorized/trained RN or LPN complete the reinsertion as ordered by the physician stated above, according to the directions given. I authorize a representative of the school to exchange information about this treatment with the above named health care provider, as needed. I waive any claims against SASED, its employees and agents, arising from the reinsertion process. I will provide all supplies needed to complete the reinsertion. I will notify the school in writing of any concerns regarding my child's gastrostomy or jejunostomy tube or feedings at all times. Orders will be updated annually or sooner if necessary.

Parent Signature _____ Date: _____

Address _____

City _____ State _____ Zip _____

Telephone (hm) _____ (wk) _____ (cell) _____