ARLINGTON PUBLIC SCHOOLS
EDUCATE • PREPARE • INSPIRE

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

Gastrostomy Individual Health Plan (IHP)

School Year _____

Student Legal Last Name _____ First Name _____ MI _____

Birthdate _____ School _____ Grade _____ Other ID# _____

Transportation: ☐ Walker ☐ Self Transported ☐ Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Preferred Hospital _____ Phone _____

Medical Information

Intermittent Feeding: ☐ Yes ☐ No Volume: _____ Rate: _____ Start time: _____ Finish time: _____

Continual Feeding: ☐ Yes ☐ No Volume: _____ Rate: _____

Individual Instruction:

Care of Gastrostomy site:

1. Check skin for redness, tenderness, swelling, thick yellow green tinged discharge.
2. Clean area if leakage of food, fluid, or medication come in contact with skin. Use clean cotton tipped swab moistened with water.
3. Refer to care plan for guidelines for cleaning instructions.
4. Dry sit well. Open to air to facilitate drying.
5. Inspect tube to make sure it has not moved in or out.

Problems requiring immediate attention:

1. If gastrostomy tube comes out, call parent for immediate pick up. The gastrostomy tube needs to be replaced ASAP. If unable to reach parent/guardian, call 911.
2. If the gastrostomy tube cannot be flushed (blocked tube).
3. If there is bleeding around the tube, button, or through it.
4. If there is any sign of redness, thick pus like drainage, bleeding, tenderness, or skin breakdown.
5. If student's temperature is above 101F.
6. If vomiting occurs and the student is in no distress, stop immediately and call school nurse.
7. Nausea or cramps.
8. Leaking of stomach contents.

Emergency Contacts

Name	_____	Phone	_____	Relationship	_____
Name	_____	Phone	_____	Relationship	_____
Name	_____	Phone	_____	Relationship	_____

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

Physician Signature _____ Date _____

A copy of this plan will be kept in the school office and copies will be given to:

☐ Para educator ☐ Transportation ☐ Teacher ☐ PE Teacher ☐ Student Services ☐ Health Room ☐ Secretary-Principal

Other _____

CONFIDENTIAL INFORMATION - SHRED PRIOR TO DISCARDING