



# Hamilton Special Developmental School

## Tube Feeding Medical Advice Form for a student who requires tube feeding support whilst at school

This form is to be completed by the student's medical/health practitioner, such as a speech pathologist providing a description of the personal care requirements and first aid. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MedicAlert Number(if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

Routine mealtime care needs	Recommended support Please describe recommended care
<p><b>Level of support required</b></p> <p>Information is needed about how closely this student needs to be supervised and for how long. Staff will routinely allow a maximum of 15 minutes per meal unless otherwise negotiated.</p> <p><i>Level of supervision</i></p> <p><input type="checkbox"/> Requires constant supervision: high risk of choking/ aspiration/ inadequate delivery</p> <p><input type="checkbox"/> Requires close supervision (<i>eg in small group</i>)</p> <p><input type="checkbox"/> Requires some assistance</p> <p><input type="checkbox"/> Independent</p> <p><b>Time required for mealtime</b> (less for snacks)</p> <p><input type="checkbox"/> Less than 15 minutes</p> <p><input type="checkbox"/> Less than 30 minutes</p> <p><input type="checkbox"/> Negotiation if longer time recommended</p>	
<p><b>Type of Gastrointestinal Access</b></p> <p>Information is needed about the type of feeding required to ensure adequate training procedures have been met</p> <p><i>Type of Access</i></p> <p><input type="checkbox"/> Nasogastric</p> <p><input type="checkbox"/> Nasojejunal</p> <p><input type="checkbox"/> Percutaneous Endoscopic Gastronomy (PEG) tubes</p> <p><input type="checkbox"/> Percutaneous Endoscopic Jejunostomy (PEJ) tubes</p>	
<p><b>Method of Administration</b></p> <p>Information is needed about the type of feeding and frequency required to ensure adequate training procedures have been met</p> <p><i>Type of Feeding</i></p> <p><input type="checkbox"/> Bolus</p> <p><input type="checkbox"/> Gravity</p> <p><input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Other</p> <p><i>Frequency</i></p> <p><input type="checkbox"/> Regular School Mealtimes</p> <p><input type="checkbox"/> Other</p>	
<p><b>Type of support needed</b></p> <p><i>Preparation</i></p> <p><input type="checkbox"/> Additional hygiene/safety measures</p> <p><input type="checkbox"/> Positioning for comfort and safety</p> <p><input type="checkbox"/> Facilitation techniques (<i>eg jaw support</i>)</p> <p><input type="checkbox"/> Administration of liquids (<i>eg PEG feeding</i>)</p> <p><input type="checkbox"/> Stimulation (<i>eg facial tapping/stroking</i>)</p> <p><input type="checkbox"/> Other</p> <p><i>Equipment</i></p> <p><input type="checkbox"/> Clothes protector</p> <p><input type="checkbox"/> Modified utensils (<i>eg spoons</i>)</p> <p><input type="checkbox"/> Modified cup/plate etc</p> <p><input type="checkbox"/> Mirror</p> <p><input type="checkbox"/> Positioning equipment (<i>eg special chair/bolster</i>)</p> <p><input type="checkbox"/> Medical specific (<i>eg syringes</i>)</p> <p><input type="checkbox"/> Other</p> <p><i>Environmental changes</i></p> <p><input type="checkbox"/> Calm, consistent approach</p> <p><input type="checkbox"/> Positive reinforcement</p> <p><input type="checkbox"/> Minimal distractions</p> <p><input type="checkbox"/> Social settings</p> <p><input type="checkbox"/> Other</p> <p><i>Positioning and care after mealtimes</i></p> <p><input type="checkbox"/> Need to remain upright for _____ minutes</p> <p><input type="checkbox"/> Need to check no food is left in the mouth/palate</p> <p><input type="checkbox"/> Teeth brushing</p> <p><input type="checkbox"/> Other</p>	



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<p><b>Communication</b></p> <p><i>Communication by student</i></p> <input type="checkbox"/> Language <input type="checkbox"/> Gesture <input type="checkbox"/> Behaviour <input type="checkbox"/> Other		<p><i>Communication by supporting staff</i></p> <input type="checkbox"/> Offer choice (indicate how many) <input type="checkbox"/> Simplify instructions/use key words <input type="checkbox"/> Use picture cues <input type="checkbox"/> Other
<p><b>Preparation and presentation of food and drink</b></p> <p><i>The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated with staff.</i></p>		
<p><i>Food consistency</i></p> <input type="checkbox"/> No restriction on consistency <input type="checkbox"/> Modified	<p><i>Quantity</i></p> <input type="checkbox"/> Self-directed <input type="checkbox"/> Minimum amounts required (please specify)	
<p><i>Food portions</i></p> <input type="checkbox"/> No restriction on amount taken at a time <input type="checkbox"/> Modified	<p><i>Rate and order of intake</i></p> <input type="checkbox"/> Self-directed <input type="checkbox"/> Gastrointestinal Access <input type="checkbox"/> Direction/assistance required (please specify)	
<p><i>Drink consistency</i></p> <input type="checkbox"/> No restriction on consistency <input type="checkbox"/> Modified	<p><i>Specific strategies required</i></p> <input type="checkbox"/> Spoon fed <input type="checkbox"/> Finger food <input type="checkbox"/> Drinking <input type="checkbox"/> General (including behaviour management issues) <input type="checkbox"/> Gastrointestinal Access <input type="checkbox"/> Other	
<p><i>Drink portions</i></p> <input type="checkbox"/> No restriction on amount taken at each sip <input type="checkbox"/> Modified		
<p><b>Potential learning targets</b></p> <p>Mealtimes are considered a time for socialisation and enjoyment. Any specific learning targets (eg in relation to trying new foods and textures) are generally addressed at home. If some experimenting and promotion of new foods and tastes are requested, this should be documented and negotiated with staff.</p> <input type="checkbox"/> Increasing independence ( <i>eg collects lunchbox, manages spoon</i> ) <input type="checkbox"/> Behaviour targets ( <i>eg remains in seat for five spoonfuls</i> ) <input type="checkbox"/> Increasing intake ( <i>eg eats half a sandwich at lunchtime</i> )		
<p><b>Documented observations</b></p> <p>Upon negotiation, the school may assist the medical/health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.</p>		
<p><b>General Supervision for safety</b></p> <p>Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs:</p> <ul style="list-style-type: none"> <li>• Self-reported distress or show other signs of distress</li> <li>• Student or staff member has tried, but student is unable to manage/take food/drink in</li> <li>• Gagging or coughing with unusual frequency</li> <li>• Pale and sweaty</li> <li>• Watery/glassy eyes</li> <li>• Unusual change of voice</li> <li>• Gurgling wet rattle in the throat</li> <li>• Unable to cough, stops breathing (choking)</li> </ul> <p>If these signs are repeatedly observed, the student's medical/health practitioner should review this form and provide updated information.</p>		



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## First Aid

If the student becomes ill or injury at school (such as if the student begins to choke), the school will administer first aid and call at ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

Observable sign/reaction	First aid response
▽	▽
▽	▽
▽	▽
▽	▽

### Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b><u>Authorisation:</u></b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature:
Date:
Contact details:
<b>Name of Parent/Carer or adult/independent student**:</b>
Signature:
Date:

If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).