San Joaquin County Office of Education
Mick Founts, Superintendent of Schools

Pomona Unified School District
Special Education - Nursing
Daily Log – Gastrostomy Tube Feeding

Student:	DOB:	School/Teacher/Grade:
Order Date: From _____, 20___ to _____, 20___		
Type of Device: ☐ Skin-level button (Mic-Key) ☐ Tube		Feeding Method: ☐ Bolus ☐ Slow Drip ☐ Pump
Authorized Healthcare Provider:		Phone: Fax:
School Nurse:		Phone:

MD ORDERS:

Formula:	Amount per feeding: cc's	☐ Water before: cc's	☐ Water After: cc's
Times of feedings:	Pump Rate:	☐ Water Bolus:	
Residual Check ordered by MD: ☐ No ☐ Yes	Venting ordered by MD: ☐ No ☐ Yes ☐ PRN		
Special instructions: Time schedule may be adjusted according to school/parent schedule.			
GT Replacement PRN: ☐ No ☐ Yes	Size:	cc's in balloon:	

DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:
1) Enter on chart date and times care is provided and 2) Initial in columns provided.

- School Nurse and designated qualified staff should include identifying signatures below only one time.
- If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
- Nurse supervising the procedure signs in "Signature" spaces.

Date	Start Time	End Time	Residual (amount)	Venting	Feeding (amount)	Water (amount)	Tolerance (*- if abnormal, must document in comments)	*Nurse called	Initials

Supervising Nurse Print Name/Date

School Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Signature/Date

School Nurse Signature/Date

Health Assistant Signature/Date

**** - Requires Documentation in Comments Section***

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Date/Time	Comments	Initials

Supervising Nurse Print Name/Date

School Nurse Print Name/Date

Health Assistant Print Name/Date

Supervising Nurse Sign Name/Date

School Nurse Sign Name/Date

Health Assistant Sign Name/Date

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