



DR. TIFFANY FREY
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GRACE DOYLE
Assistant Director

G-Tube Emergency Action Plan

Student Name: _____ Date: _____

Size of G-tube button/kit: _____ Size of Balloon: _____

Emergency Contacts	
Name	Phone
1.	
2.	
3.	

If G-tube becomes accidentally removed from abdomen, please follow these instructions:

1. Call for school nurse and have nurse bring the G-tube kit.
2. Wash hands, apply gloves.
3. Make sure G-tube site is clean and appropriate to place a new tube.
4. Lay student down, keeping him or her as still as possible.
5. Replace G-tube button following manufacturer's instructions.
6. Fill balloon with _____ mLs of water/saline (as per healthcare provider or manufacturer's instructions)
7. Never fill balloon with more than _____ mLs of water/saline.
8. If you are unable to reach any emergency contact within 30 minutes, call ambulance IF unable to replace G-tube.
9. If student is transported by ambulance, send their G-tube kit with him or her.

G-tube feeding instructions if done by nurse at school (to be completed by healthcare provider):

Parent Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____

MEMBER DISTRICTS:

| CHANNAHON 17 | TROY 30C | LARAWAY 70C | UNION 81 | ROCKDALE 84 |
| BEECHER 200U | ELWOOD 203 | PEOTONE 207U | WILMINGTON 209U | REED-CUSTER 255U