

REFERRAL FROM A PHYSICIAN/PRIMARY HEALTH CARE PROVIDER IS REQUIRED

Nursing Support Services provides care in the school setting for children (0 – 19) who require assistance with specific tasks related to their care. Delegation of these tasks is determined by the registered nurse on an individual basis for children/youth whose care needs and response to treatment is stable and predictable and can be safely managed by NSS provincial standardized care plans.

ELIGIBILITY FOR SERVICES REQUIRES ALL OF THE FOLLOWING:

- ☐ Child/youth is a resident of BC as defined by BC Medical Services Plan (MSP)
- ☐ Child/youth is enrolled with BC MSP
- ☐ Child/youth is under the age of 19 (up to the day of their 19th birthday)
- ☐ Child/youth has a parent/guardian that has overall responsibility of their child/youth's care and is fully competent and prepared to provide care in the absence of school staff
- ☐ Child/youth cannot independently and safely perform tasks related to their diagnosis
- ☐ Any child/youth eligible for nursing support services requires at minimum an annual assessment: (1) through NSS to confirm ongoing eligibility and to update a child/youth's medical documentation including nursing care plan and (2) by the most responsible physician/and or medical service(s) to ensure there are current (within preceding 12 months) medical orders supporting the care being provided in the home/community setting, and/or when changes in a child's medical care/needs occur.

Referral from a physician licensed to practice in British Columbia or a nurse practitioner registered by the College of Registered Nurses of British Columbia and who confirms the following:

- ☐ the child/youth can be safely cared for in the school setting
- ☐ the child/youth has a local physician to provide required medical care, consultation and written physician orders

Is the parent/guardian aware of and has provided consent for this referral? ☐ Yes ☐ No

If no, please obtain consent prior to submission of referral.

Is an interpreter required? ☐ Yes ☐ No

If yes, what language(s)? _____

CHILD/YOUTH INFORMATION

NAME OF CHILD	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERSONAL HEALTH NUMBER	DATE OF BIRTH (YYYY/MM/DD)
NAME OF PARENT(S)/GUARDIANS(S):		DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
HOME ADDRESS		CITY	POSTAL CODE

NAME OF SCHOOL AND DISTRICT

PHYSICIAN INFORMATION

NAME OF REFERRING PHYSICIAN/NP	BC MSC # or BCCNM Registration #	
ADDRESS	PHONE NUMBER	FAX NUMBER
PHYSICIAN/NP SIGNATURE (required):	DATE COMPLETED (YYYY/MM/DD):	

A complete Tube Feeding Order Form must be submitted with this referral form.

Completed referral forms and accompanying documentation may be sent via fax to **(604) 708-2127** or via email to nssreferrals@cw.bc.ca

Student Name:	Birth Date (YYYY/MM/DD):
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Instructions for completing this form:

- This order form has eight sections (A-H). Section A, B, or H must be filled out. Sections C-G may be filled out if applicable to the student's care. All unused sections can be left blank.
- * The relevant section(s) of this order form must be completed by the student's most responsible practitioner (MRP). This may be a physician, nurse practitioner, or registered dietitian (RD). If the orders are written by an RD, a physician must also sign the order form and check the "Physician orders feeds as directed by RD" box.
- The orders on this form will be used by the NSS RN to develop a care plan that will describe and direct the restricted activities that the non-medical school staff will perform in the school setting.
In completing this order form, the MRP acknowledges an understanding that the care in the school setting will be provided by non-medical school staff who will follow the care plan.
- All ordered care must be routine (not PRN), essential (i.e., cannot be provided outside school hours), and have a predictable student response.
- Orders must be updated annually and/or when changes occur in child's medical care needs.

Click below to jump to the required section of this order form:

- [Section A: To order a tube feed via feeding pump, click here.](#)
- [Section B: To order a tube feed via syringe, click here.](#)
- [Section C: To order water via pump or syringe, click here.](#)
- [Section D: To order specific positioning before/during/after tube feed, click here.](#)
- [Section E: To order regular gastric venting before/after tube feed, click here.](#)
- [Section F: To order complex formulas, click here.](#)
- [Section G: To order medications to be given via an enteral tube at school, click here.](#)
- [Section H: To order Home Blenderized Tube Feed \(HBTF\), click here.](#)

Ordering MRP Information and Signature		
By providing orders, signing, and submitting this order form, I, the undersigned MRP agree that: (MRP please tick both and sign)		
<input type="checkbox"/> the student's tube feed can be safely managed at school by a non-medical school staff following the orders provided.		
<input type="checkbox"/> I have read and understand the information in this form.		
Physician Name:		BC College #:
<input type="checkbox"/> Physician orders feeds as directed by RD	Name of RD:	
Nurse Practitioner Name:		BCCNM Registration #:
MRP Address:	Phone Number	Fax Number
MRP Signature (required): (see * above)		Date Completed (YYYY/MM/DD):

Send completed order form to Nursing Support Services via fax at **(604) 708-2127** or email at nssreferrals@cw.bc.ca

Note:

This order form is supported by the NSS Delegation of Tube Feeding in the School policy. It can be referenced at https://shop.healthcarebc.ca/phsa/BCWH_2/CW%20Campus%20Wide/C-0506-11-63018.pdf

Section A: Orders for tube feed via feeding pump (if ordering HBTF, fill in [section H](#) instead)

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- * A range in feed rate may be ordered (e.g. 150-200 mL/hr). Appropriate indications for a range rate are as follows:
 - parent is working on feeding advancement goals at home.
 - student's baseline involves a known and predictable level of intolerance that varies day-to-day (e.g., student has reflux).
- * If a range of rate order is provided (e.g., 150-200 mL/hr), parent will determine the rate and will inform school staff writing the rate in the student's communication book/agenda.

Bolus tube feed via pump

Route: G G port of GJ

Formula (or formula and water): _____

(If ordering a complex formula, [click here](#) to list ingredients in section F)

Total volume of formula per feed: _____ mL

Total volume of water to be added to formula per feed: _____ mL (leave blank or enter "0" if no water is to be added)

Total volume of formula (or water plus formula) per feed: _____ mL

Tube feed rate: _____ mL/hr (see * bullet above)

Tube feed time(s) at school: _____

* Due to varying school schedules, school staff may move the scheduled feed time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift feed times: _____ minutes

Continuous tube feed via pump

Route: G G port of GJ J port of GJ J

Formula (or formula and water): _____

(If ordering a complex formula, [click here](#) to list ingredients in section F)

Total volume of tube feed formula: _____ mL/per day (not just volume given at school)

Tube feed rate: _____ mL/hr

Tube feed scheduled break time (if student is to have a break from continuous feeds while at school): _____

Water flushes to clear the tube pre/post/during feeds

Route: G G port of GJ J port of GJ J

BCCH standard flush volume for children is 3-5 mL for G tubes and 7-10 mL for J tubes and for adolescents is 5-10 mL for G tubes and 10-15 mL for J tubes.

Flush volume (enter a number between 3-15 mL): _____ mL to be given over 5-10 seconds. OR

If a flush volume different from the BCCH standard is required, for G tubes or the G port of GJ tubes ONLY, flush volume (max 50 mL) and flush rate is: _____ mL to be given over _____ seconds.

To order a water bolus (not as a flush) [click here](#) to enter orders in section C.

☒ Flush tube as per the BC Children's Hospital (BCCH) standard of before and after each bolus or continuous feed and Q4h during continuous feeds.

[Click here to jump back to Instructions and Signature page.](#)

Section B: Orders for bolus tube feed via syringe (if ordering HBTF, fill in [section H](#) instead)

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- * Syringe feeding is a less optimal choice (than pump) for the school setting, due to:
 - the variable rate and pressure in feed administration.
 - the school staff's need to be hands-on with syringe and extension tube and this may make it difficult to deal with unexpected problems such as reflux/vomiting.
 - the need for multiple syringes to deliver the total volume of feed to be administered.

Bolus tube feed via syringe

☐ MRP confirms that the student's tube feed is well established, and student is stable and tolerating syringe feeding consistently (i.e., typically no vomiting, reflux, or discomfort).

Route: G G port of GJ

Formula (or formula and water): _____

(If ordering a complex formula, [click here](#) to list ingredients in section F)

Total volume of formula per feed: _____ mL (max 500 mL per feed)

Total volume of water to be added to formula per feed: _____ mL (leave blank or enter "0" if no water is to be added)

Total volume of formula (or water plus formula) per feed: _____ mL (max 500 mL per feed)

Tube feed rate: _____ mL over _____ minutes (max total feed time is 20 minutes)

Tube feed time(s) at school: _____

* Due to varying school schedules, school staff may move the scheduled feed time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift feed times: _____ minutes

Water flushes to clear the tube pre/post/during feeds.

Route: G G port of GJ

BCCH standard flush volume is 3-5 mL for children and 5-10 mL for adolescents.

Flush volume (enter a number between **3-10 mL**): _____ mL to be given over 5-10 seconds. **OR**

If a flush volume different from the BCCH standard is required, **flush** volume (max 50 mL) and flush rate is: _____ mL to be given over _____ seconds.

To order a water bolus (not as a flush) [click here](#) to enter orders in section C.

☒ Flush tube as per the BC Children's Hospital (BCCH) standard of before and after each bolus feed.

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Section C: Orders for water bolus via a pump or syringe

If water is to be added to tube feed rather than given as a separate bolus, click here for go to [Section A](#) or [Section B](#).

Water bolus via pump

Route: G G port of GJ

Total volume of water: _____ mL

Rate: _____ mL/hr

Water bolus time(s) at school: _____

Due to varying school schedules, school staff may move the scheduled water bolus time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift water bolus times: _____ minutes

Water bolus via syringe

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- * Syringe feeding is a less optimal choice (than pump) for the school setting, due to:
 - the variable rate and pressure in feed administration.
 - the school staff's need to be hands-on with syringe and extension tube and this may make it difficult to deal with unexpected problems such as reflux/vomiting.
 - the need for multiple syringes to deliver the total volume of feed to be administered.

Route: G G port of GJ

Total volume of water per bolus: _____ mL (max volume is 500 mL)

Rate: _____ mL over _____ minutes (max total time for the bolus is 20 minutes)

Time(s) at school: _____

Due to varying school schedules, school staff may move the scheduled water bolus time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift water bolus times: _____ minutes

Water flushes to clear the tube pre/post/during feeds.

Route: G G port of GJ

BCCH standard flush volume is 3-5 mL for children and 5-10 mL for adolescents.

Flush volume (enter a number between **3-10 mL**): _____ mL to be given over 5-10 seconds.

☒ Flush tube as per the BC Children's Hospital (BCCH) standard of before and after each bolus feed.

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Section D: Orders for specific positioning during and after tube feed

The standard is that the student's upper body will be elevated to at least 30 degrees during tube feed. If the student requires a different position during the feed or a specific position after the feed, please specify below.

- ☐ Position student _____ during feed.
- ☐ Position student _____ for at least _____ minutes post feed.

[Click here to jump back to Instructions and Signature page.](#)

Section E: Orders for regular gastric venting before/after tube feed

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- * Venting may only be done on a G tube or the G port of a GJ.
- * Venting must occur regularly (i.e., before and/or after) each feed (or at a scheduled time) and cannot be PRN.
- * If stomach contents accumulate in the syringe used for venting and do not flow back into the stomach via gravity, school staff will never refeed them. School staff will measure the amount and then discard or save the contents.

- ☐ _____ minutes before feed, vent G G port of GJ for _____ minutes

☐ _____ minutes after feed, vent G G port of GJ for _____ minutes

☐ For continuous J tube feeds only, vent G G port of GJ for _____ minutes at _____ (enter time/times)

☐ For continuous J tube feeds only, vent G port of GJ continuously

[Click here to jump back to Instructions and Signature page.](#)

Section F: Orders for complex formulas

☐ MRP confirms that the student's parent are capable, ready and safe to prepare complex formulas for administration in the school setting.

Complex formulas require a mixture of non-table-ready foods (e.g., nutritional products, protein powder, formula powder, carbohydrate, or fat module). If a student requires a complex formula, all nutritional products will need to be ordered below. The parent will be responsible for preparing and labelling the formula with all the products in the tube feed (including water) so that it is ready-to-serve at school.

Any substance classified Health Canada as a drug¹ (including electrolytes) or as a Natural Health Product Substance² (except nutritional products as specific above) cannot be added to a tube feed and must be ordered as a medication (click here to link to the medication order page).

Name of the nutrition product(s) added

[Click here to jump back to Instructions and Signature page.](#)

¹ <https://publications.gc.ca/collections/Collection/H30-12-11-2000E.pdf>
² <https://laws-lois.justice.gc.ca/eng/regulations/sor-2003-196/page-9.html>

Section G: Orders for G/GJ/J medication administration

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- * This is only for medications that must be provided during school hours and cannot be scheduled outside of school hours. (i.e., there is medical rationale as to why the medication must be given during school hours).
- * The student must also have an order for a tube feed or a water bolus to be given while at school. NSS does not delegate medication administration only.
- * Electrolytes such as potassium chloride and sodium chloride are considered high-risk medications and require careful consideration. Given the potential risks, it is important to consider whether these medications must be administered during school hours or if they can be given outside the school setting. If administration during school hours is necessary, each case will be reviewed individually to determine whether safe administration can be supported in the school environment.

Condition(s) requiring medication:

Medication	Dosage	Time(s)	Route	Specific directions for use
			G J	G port of GJ J port of GJ
			G J	G port of GJ J port of GJ
			G J	G port of GJ J port of GJ
			G J	G port of GJ J port of GJ
			G J	G port of GJ J port of GJ
			G J	G port of GJ J port of GJ

Additional comments (e.g. side effects):

Water flushes to clear the tube before and after each medication:

Route: G G port of GJ J port of GJ J

BCCH standard flush volume for children is **3-5 mL** for G tubes and **7-10 mL** for J tubes and for adolescents is **5-10 mL** for G tubes and **10-15 mL** for J tubes.

- ☐ Flush volume (enter a number between **3-15 mL**): _____ mL to be given over 5-10 seconds. **OR**
- ☐ If a flush volume different from the BCCH standard is required, for G tubes or the G port of GJ tubes **ONLY**, **flush** volume (max 50 mL) and flush rate is: _____ mL to be given over _____ seconds.
- ☐ If a flush volume different from the BCCH standard is required after a specific medication, for G tubes or the G port of GJ tubes **ONLY**, **flush** volume (max 50 mL) and rate is: _____ mL to be given over _____ seconds, after the following medication(s): _____

☒ Flush tube as per the BC Children's Hospital (BCCH) standard of before and after each medication.

[Click here to jump back to Instructions and Signature page.](#)

Section H: Orders for Home Blenderized Tube Feed (HBTF) via pump or syringe at school

Requests for delegation of HBTF will be evaluated and approved on a case-by-case basis in consultation with the dietitian and will include a team-based discussion and assessment of family readiness and capacity to support.

By providing orders for this section and signing and submitting this order form, the MRP confirms understanding of the following:

- The student must be medically stable (i.e., typically no vomiting, reflux, or discomfort).
- The student's HBTF must be well established at home.
- The student's parent must be capable, ready, and safe to support HBTF in the school setting including compliance with the [Outpatient Initiation of Home Blenderized Tube Feeds: Guidelines](#).³
- The student must have a ≥ 12 -French size feeding tube; 14 French preferred due to internal lumen diameter as per [Outpatient Initiation of Home Blenderized Tube Feeds: Guidelines](#).³
- A commercially prepared backup formula may be ordered for the student. This would be provided if the HBTF was not available or was not useable.
- No medications can be mixed into a HBTF. If a medication must be scheduled during school hours (i.e. it is not safe to be rescheduled outside of school hours), [click here](#) to order on section G.
- A range in feed rate may be ordered if the student has pre-established meals that have a need for some variability in total volumes (and therefore rates) of feed administration. parent will determine the rate and will inform school staff writing the rate in the student's communication book/agenda.
- For all HBTF diets the parent must provide the NSS RN with the list of each of the meals that will be given at school. Each meal must include a list of ingredients.
- The HBTF must be prepared in such a way that the school staff can administer it easily. School staff cannot dilute HBTF to facilitate administration.

If ordering HBTF via syringe and signing and submitting this order form, the MRP confirms understanding of the following:

- Syringe feeding is a less optimal choice (than pump) for the school setting, due to:
 - the variable rate and pressure in feed administration.
 - the school staff's need to be hands-on with syringe and extension tube and this may make it difficult to deal with unexpected problems such as reflux/vomiting.
 - the need for multiple syringes to deliver the total volume of feed to be administered.
- To support delegation of syringe feeding in the school setting, all the following parameters must be met:
 - Tube feed must be well established, and student must be stable and tolerating syringe feeding consistently; (i.e., typically no vomiting, reflux, or discomfort) and this is verified by the MRP on the order form.
 - Total volume of feed must be 500 mL or less and delivered in 20 minutes or less.
 - Student receives HBTF through G tube or the G port of a GJ tube only (never a J tube or the J port of a GJ tube).
 - Orders need to include the rate the formula is delivered. (For example, 50 mL over 1 minute.)
- Syringe bolus HBTF must ONLY be administered through G tube or the G port of a GJ tube (never a J tube or the J port of a GJ tube).

³ https://shop.healthcarebc.ca/phsa/BCWH_2/Pharmacy,%20Therapeutics%20and%20Nutrition/C-0506-07-61051.pdf

Bolus HBTF via pump:

☐ MRP confirms that the student's parents are capable, ready and safe to prepare HBTF for administration in the school setting including compliance with the [Outpatient Initiation of Home Blenderized Tube Feeds: Guidelines](#).³

Route: G G port of GJ

Feeding tube size: _____ Fr (tube must be \geq 12-French, 14 French preferred due to internal lumen diameter)

Total volume per HBTF: _____ mL

HBTF Rate: _____ mL/hr

HBTF time(s) at school: _____

* Due to varying school schedules, school staff may move the scheduled feed time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift feed times: _____ minutes

Commercially prepared backup formula for student: _____

(this would be provided to the student if the HBTF was not available at school or was not useable and would be run with the same rate and volume and at the same time(s) as the HBTF orders).

Bolus HBTF via syringe:

☐ MRP confirms that the student's tube feed is well established, and student is stable and tolerating syringe feeding consistently (i.e., typically no vomiting, reflux, or discomfort).

☐ MRP confirms that the student's parent are capable, ready, and safe to support HBTF in the school setting including compliance with the [Outpatient Initiation of Home Blenderized Tube Feeds: Guidelines](#).³

Route: G G port of GJ

Feeding tube size: _____ Fr (tube must be \geq 12-French, 14 French preferred due to internal lumen diameter)

Total volume of per HBTF: _____ mL (max volume is 500 mL per feed)

Rate: _____ mL over _____ minutes (max total feed time is 20 minutes)

HBTF time(s) at school: _____

Due to varying school schedules, school staff may move the scheduled feed time(s) up to 60 minutes (either earlier or later) than the ordered time(s).

☐ If this is not safe for the student, indicate the maximum minutes that school staff may shift feed times: _____ minutes

Commercially prepared backup formula for student: _____

(this would be provided to the student if the HBTF was not available at school or was not useable and would be run with the same rate and volume and at the same time(s) as the HBTF orders).

Water flushes to clear the tube pre/post/during HBTF.

Route: G G port of GJ

BCCH standard flush volume is 3-5 mL for children and 5-10 mL for adolescents.

Flush volume (enter a number between **3-10 mL**): _____ mL to be given over 5-10 seconds. **OR**

If a flush volume different from the BCCH standard is required, **flush** volume (max 50 mL) and flush rate is: _____ mL to be given over _____ seconds.

To order a water bolus (not as a flush) [click here](#) to order in section C.

☒ Flush tube as per the BC Children's Hospital (BCCH) standard of before and after each bolus feed.

[Click here to jump back to Instructions and Signature page.](#)