School Health Treatment Form

<table>
<thead>
<tr>
<th>Medical condition:</th>
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### AIRWAY

**Suctioning:**
- [ ] Nasal
- [ ] Oral
- [ ] Tracheal

- Frequency: __________
- Size of catheter: __________
- Length/Insertion depth (cm): __________

**Other respiratory procedure/ frequency:**

**Tracheostomy type and size:** __________
- [ ] Uncuffed
- [ ] Cuffed (water/air amount: __________mL)

- Ventilator type: __________
  - (attach setting orders)
- Diaphragmatic pacer: __________
  - (attach setting orders)

**Oxygen:** __________

**Pulse oximetry:**
- [ ] Continuous
- [ ] Intermittent
- Limit: > ______ %

### NUTRITION

**Type of Tube:**
- [ ] NGT
- [ ] GT
- [ ] JT

- Fr Size/Length: __________
- Balloon Volume: __________

**Formula:** __________
- [ ] Continuous
- [ ] Bolus

- Volume: __________
- Rate: __________ (mL/hr)
- Time: __________

**Water flush/Amount:**
- [ ] After meds: __________ (mL)
- [ ] Scheduled: __________ (mL)
- Time: __________

- [ ] Feeding/OM protocol
- [ ] Replace tube (per school policy)

### ELIMINATION

**CIC:**
- Catheter type/Size: __________
- Frequency/Time: __________

**Ostomy:**
- Type/Location: __________
- Pouch type/brand/size: __________

- Special skin preparation considerations: __________

### EQUIPMENT

**Orthotics**
- [ ] AFO
- [ ] WHO
- [ ] Splint
- [ ] Stander
- Other: __________

- Frequency/Time: __________
- [ ] PT/OT protocol

**Medical Device**
- [ ] Shunt
- [ ] VNS
- [ ] Pacemaker
- [ ] Baclofen pump
- [ ] Vascular access

- Other: __________

- [ ] Temperature regulation considerations (classroom, transportation, etc.)

### Other

**Physician signature:** __________
- Date: __________

**Contact Number:** __________

**Parent Signature:** __________
- Date: __________