

School Health Treatment Form

School Year: _____

Student name: _____ Date: _____

Medical condition: _____

A
I
R
W
A
Y

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: > _____ %

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N

Type of Tube: NGT GT JT Fr Size/Length: _____ Balloon Volume: _____

Formula: _____ Continuous Bolus

Volume: _____

Rate: _____ (mL/hr)

Time: _____

By gravity

By pump

Water flush/Amount: After meds: _____ (mL)
 Scheduled: _____ (mL) Time: _____

Feeding/OM protocol Replace tube (per school policy)

E
L
I
M

CIC: Catheter type/Size: _____ Frequency/Time: _____

Ostomy: Type/Location: _____ Pouch type/brand/size: _____

Special skin preparation considerations: _____

E
Q
U
I
P
M
E
N
T

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.)

Physician signature: _____ Date: _____

Contact Number: _____

Parent Signature: _____ Date: _____