

Assisted Feeding in the Schools

Standardizing Safety, Protocols, & Multi-Disciplinary Care during Mealtimes

Dublin City Schools | OSSPEAC

PRESENTED BY:

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ASSISTED FEEDING MANUAL

PROCEDURES FOR SAFE MEALTIME PRACTICES



Revised April 2024

Core objectives: To establish safety and compliance frameworks in the school setting

01

Definitions & Causes

Understand precise definitions and clinical etiologies of pediatric feeding and swallowing disorders.

- Differentiate swallowing dysfunction (dysphagia) from sensory/motor feeding disorders.
- Analyze neuro, structural, and developmental causes in school-aged children.
- Identify the statistical prevalence and safety impact on campus.

02

Policy & Procedures

Construct and maintain a robust district-wide regulatory policy to secure mealtime safety.

- Align district protocols with federal mandates (IDEA, Section 504, ADA).
- Establish unified forms to streamline the process from physician orders to a feeding plan.
- Mitigate legal liabilities by maintaining consistent, standardized practices.

03

Multidisciplinary Protocol

Master cooperative team-based procedures for executing safe, standardized feedings.

- Clarify specific professional roles of Nurses, SLPs, OTs, and Paraprofessionals.
- Implement step-by-step in-person student mealtime observations.
- Develop feeding plans using the IDDSI standardized texture framework.

PREVALENCE & RISK LEVEL

U.S. Children Affected by Swallowing Problems

PREVALENCE SPECTRUM IN U.S. CHILDREN (AGES 3–17)

7.7%

5.0%

3.3%

■ ■ ■ ■ ■ 1.4%

■ ■ ■ 0.9%

Understand the difference between dysphagia & pediatric feeding disorders

CLINICAL DEFINITIONS (ASHA)

Dysphagia (Swallowing Disorder)

An internal physiological impairment in moving food, liquid, or saliva safely from the mouth, through the pharynx and esophagus, into the stomach.

- Core Issue: Safe physiological passage of bolus without aspiration.
- Key Risks: Choking, silent aspiration, dehydration, aspiration pneumonia, chronic lung injury.
- Clinical Mandate: Precise texture-altered diet (IDDSI) and physiological monitoring.

Pediatric Feeding Disorder

The external behavioral or physical inability or difficulty in gathering food and safely bringing it to the mouth efficiently.

- Core Issue: Sensory, motoric, or behavioral barriers prior to chewing and swallowing.
- Key Risks: Severe nutritional deficits, failure to thrive, extreme sensory texture aversions.
- Etiology (Both): Structural differences (cleft lip/palate), neuromuscular (cerebral palsy, hypotonia), developmental/prematurity.

Staff must monitor critical warning signs during mealtimes

PHYSICAL & BEHAVIORAL WARNING SIGNS

Oropharyngeal Warning Signs

- **Coughing, choking, or gagging:** Occurs specifically during drinking or eating trials.
- **Wet, gurgly, or breathy voice:** Signifies liquid pooling near the vocal folds post-swallow.
- **Breathing difficulty / color changes:** Struggling to coordinate consecutive swallows.
- **Drooling or liquid exiting mouth/nose:** Inability to swallow secretions or manage anterior loss.
- **Frequent vomiting or regurgitation:** Expelling food or stomach contents mid- or post-meal.

Behavioral & Feeding Signs

- **Arching back or stiffening:** Classic sign of postural distress, reflux, or safe swallow struggle.
- **Crying, fussing, or active refusal:** Mealtime anxiety caused by swallowing discomfort.
- **Holding food in mouth / pocketing:** Pooling food inside the cheeks (poor oral control).
- **Strict aversion to specific textures:** Sensory-based rejection of certain solid or liquid textures.
- **Unusually prolonged meal duration:** Takes over 30–40 minutes to consume a routine meal.

Federal regulations mandate safe mealtime access during school hours

REGULATORY COMPLIANCE

Federal Legal Mandates

- **IDEA Compliance:** Students requiring modified diet textures or physical feeding support must receive them under their IEPs to access Free Appropriate Public Education (FAPE).
- **Section 504 & ADA:** Requires school districts to provide equal access to programs, which includes safe nutrition, hydration, and supports during mealtimes.
- **School Board Policy and Procedures:** Formal district policies (NEOLA) and procedures guide safe feeding management, ensuring consistent safe meal access and mitigating district legal liability.

Vital Legal Realities

CRITICAL LEGAL RULING WARNING

School districts CANNOT ask parents or caregivers to come in and feed students each day to evade responsibility. Providing safe, hygienic mealtime support during school hours is a non-delegable district obligation under federal law.

Featured Publication (Power-deFur, June 2023):

"Legal Issues and Opportunities Associated with Serving Children with Pediatric Feeding Disorders in Schools" (LSHSS Journal). This pivotal work clarifies district legal obligations under IDEA/504, outlines SLP roles, and emphasizes standardized procedures across school settings.

Coordinated multidisciplinary care ensures safety during mealtimes

MULTIDISCIPLINARY COLLABORATION

School Nurse

Medical Oversight

- Coordinates medical forms.
- Liaisons with providers and family
- Monitors physiological readiness.
- Manages G-Tube & emergency enteral protocols.
- Helps develop and implement feeding plan

Speech Pathologist

Swallowing Physiology

- Analyzes swallowing mechanics.
- Conducts school mealtime assessments.
- Identifies IDDSI texture levels.
- Detects oral & pharyngeal phase warning signs.
- Adjusting mealtime modifications

Occupational Therapist

Posture & Equipment

- Prescribes adaptive seating.
- Recommends utensils (cut-out cups, weighted spoons).
- Ensures alignment and pelvic stability.
- Optimizes arm & hand reach.

Paraprofessional

Mealtime Execution

- Implements individual feeding plans on a daily basis.
- May prepare IDDSI texture modifications.
- Records daily fluid & food intake logs.
- Triggers the emergency protocol on distress signs.

ADDITIONAL ESSENTIAL TEAM MEMBERS: Parents & Caregivers · Physical Therapists (Gross Motor/Transfers) · School Food Service Staff
· Intervention Specialists · District Administrators

Creation of a district feeding kit

Feeding Kit Components

Standard straws

Coffee Stirrer straws

Reflo cup

Nosey cup

360 cup

Hard spout sippy cup with valve

10 cc syringes (for flow rate testing)

Beckman EZ Spoon

TalkTools textured spoon

Honey Bear straw cup

Simply Thick Slightly Thick IDSSI L1

Simply Thick Mildly Thick IDSSI L2 (Nectar)

Simply Thick Moderately Thick IDSSI L3 (Honey)



School Nurses coordinate provider recommendations , BUT our staff still does our own structured observation!

Steps:

1. School Nurse gets consent from parents.
2. School Nurse requests provider recommendations.
3. School Nurse schedules a multidisciplinary feeding observation.
4. SLP requests District Feeding Kit
5. Staff fill out the form during the observation.



Dublin City School District

Students: 5335.02 F3
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Staff Observation for Assisted Feeding

Student's name: _____ Date of observation: _____

Birthdate: _____ School: _____

- Members of the multidisciplinary team who observe a student during assisted/non-assisted eating/drinking are required to complete this form for documentation of the observation.
- The original is forwarded to the school nurse and a copy should be provided to the student's IEP chair.
- Please attach form 5335.02 F1, *Health Care Provider Authorization and Recommendations for Assisted Oral Feedings*, if available.
- During all observations, there must be a staff member available onsite who has current CPR, AED, & Obstructed Airway certification.

Feeding Assistance: ☐ independent ☐ minimal assistance ☐ moderate assistance ☐ maximum assistance ☐ dependent

Speech: ☐ verbal ☐ nonverbal

Environment: ☐ lunch room ☐ classroom ☐ loud/busy ☐ quiet

Position of student during feeding, and after feeding (for _____ minutes)
☐ Sit upright ☐ Head elevated to _____ degrees ☐ Feet supported
☐ Posture alignment ☐ In chair ☐ Other (specify) _____

Adaptive Equipment: ☐ modified bowl ☐ adaptive cup (specify) _____
☐ modified spoon ☐ other (specify) _____
☐ modified fork _____

Food Texture & Drink Thickness - please complete on reverse side.

Strategies Attempted:

☐ chin tuck	☐ effective	☐ not effective	☐ notes _____
☐ support under chin	☐ effective	☐ not effective	☐ notes _____
☐ turn head to L/R	☐ effective	☐ not effective	☐ notes _____
☐ cough/throat clear	☐ effective	☐ not effective	☐ notes _____
☐ alternate liquids and solids	☐ effective	☐ not effective	☐ notes _____
☐ repeat cued swallows	☐ effective	☐ not effective	☐ notes _____
☐ tongue sweep to clear oral cavity	☐ effective	☐ not effective	☐ notes _____
☐ scissor technique	☐ effective	☐ not effective	☐ notes _____
☐ pinched straw	☐ effective	☐ not effective	☐ notes _____
☐ thickening of liquids			
☐ pureed/extremely thick	☐ effective	☐ not effective	☐ notes _____
☐ moderately thick	☐ effective	☐ not effective	☐ notes _____
☐ mildly thick	☐ effective	☐ not effective	☐ notes _____
☐ slightly thick	☐ effective	☐ not effective	☐ notes _____
☐ other	☐ effective	☐ not effective	☐ notes _____

General Observation: (check all that apply)

☐ residual food oral cavity	☐ fatigues easily	☐ tactile defensiveness
☐ straining to swallow	☐ facial grimaces	☐ sensitive to taste & smell
☐ slow eating pace	☐ exaggerated/effortful movement	☐ ineffective seating/positioning
☐ cued swallow	☐ uncooperative	☐ Start & end times: _____
☐ unable to follow verbal cues	☐ distracted	☐ other _____
☐ unable to follow gestural cues	☐ concerns with alertness, specify _____	

Recommendations:

☐ The team agrees with the prescribed recommendations.

☐ The team recommends that the parent/guardian follow-up with their healthcare provider.

☐ The team recommends that the IEP team meet with the parent/guardian to discuss the feeding plan.

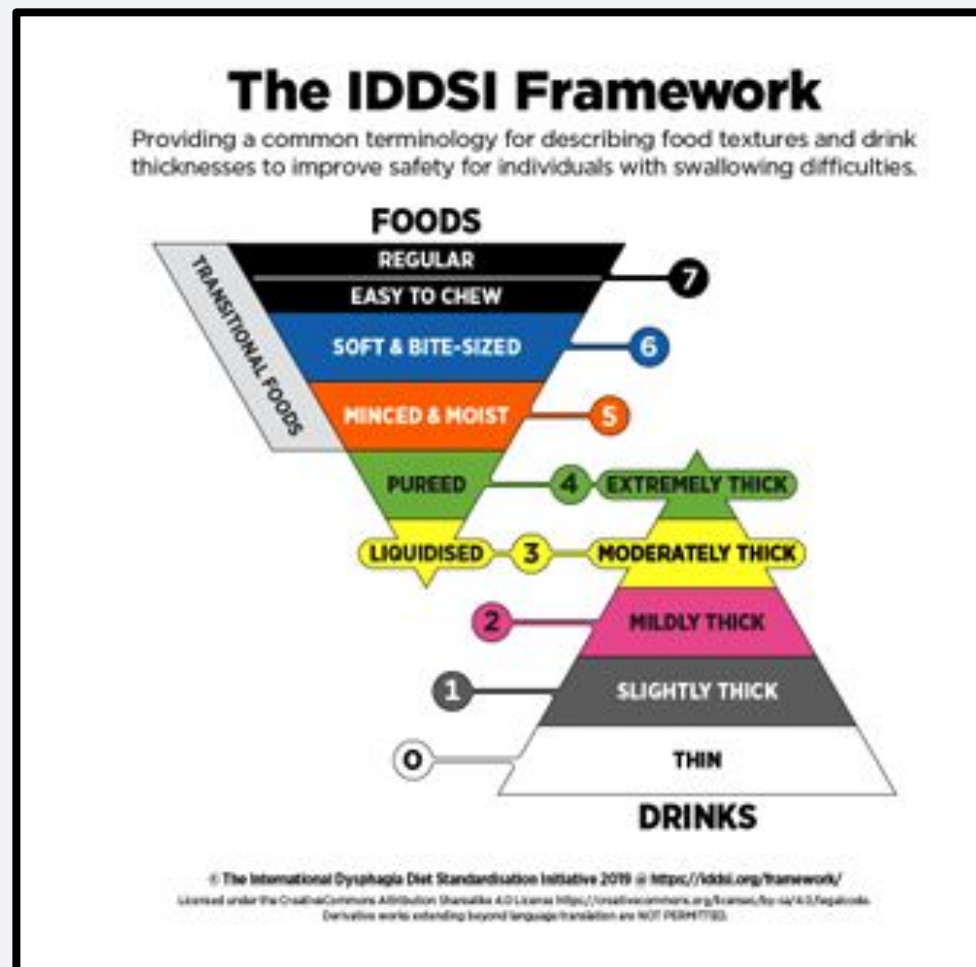
Team Member Name	Signature	Title	Date

The IDDSI framework standardizes texture levels across all school sites and outside providers.

INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE

INTERNATIONAL
DYSPHAGIA DIET
STANDARDISATION
INITIATIVE WEBSITE:

<https://www.iddsi.org/>



In-person team observations translate physician orders into school safety

Provider Recommendations Alone Aren't Enough

Healthcare provider recommendations may be months old. Pediatric oral structures, swallowing patterns, and fatigue limits change rapidly due to growth or neurological status. In-school observation is mandatory for us to verify safe swallowing before food service begins.

Annual multidisciplinary observations ensure mealtimes remain stable and safe.

Student name: _____ DOB: _____

Staff Observation for Assisted Feeding-
Assisted Feeding Observation Chart

Students
5335.02 E3 Revised 4/19/24

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	Regular / Easy to Chew 7 IDDSI	Soft and Bite-sized 6 IDDSI	Minced and Moist 5 IDDSI	Purred / Extremely Thick 4 IDDSI	Liquidized / Moderately Thick 3 IDDSI	Mildly Thick 2 IDDSI	Slightly Thick 1 IDDSI	Thin 0 IDDSI
Food Presented								
Amount (circle all that apply)	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired	☐ ¼ tsp WFL/Impaired
	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired	☐ ½ tsp WFL/Impaired
	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired	☐ 1 tsp WFL/Impaired
	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired	☐ >1 tsp WFL/Impaired
	Other _____	Other _____	Other _____	Other _____	Other _____	Other _____	Pinched Straw WFL/Impaired	Pinched Straw WFL/Impaired
							Continuous sip WFL/Impaired	Continuous sip WFL/Impaired
Oral Phase (check all that apply)								
Pharyngeal Phase (check all that apply)								
Additional observations/recommendations _____								
19								

The team creates a feeding plan



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Students
5335.02 F4
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Student's name: _____ Birthdate: _____

School: _____ Grade / School Year: _____

Student diagnosis: _____ Allergies: _____

- Attach the completed orders for assisted oral feedings (5335.02 F1) and/or assisted G or GJ tube feedings (5335.02 F2), staff observations (5335.02 F3), and other diagnostic medical tests.
- Prior to each assisted oral feed, the student's physiological, motorical, and behavioral status should be observed for readiness.
- During all student assisted feedings, there must be a staff member available on site who has current CPR, AED, and Obstructed Airway Certification training.

SECTION 1

TYPE OF ASSISTED FEED: ☐ Oral ☐ Gastrostomy (G) / Gastrojejunostomy (GJ) tube ☐ Combination of oral/tube

Oral Feeding

Aspiration Risk: ☐ Low or no aspiration risk ☐ High aspiration risk – do not orally feed

Level of Assistance: ☐ independent ☐ minimal assist ☐ moderate assist ☐ maximum assist ☐ dependent

Food/Drink Consistency/Texture

☐ Regular/easy to swallow (7 IDDSI)
☐ Soft and bite-sized (6 IDDSI)
☐ Minced and moist (5 IDDSI)
☐ Pureed/extremely thick (4 IDDSI)
☐ Liquid and moderately thick (3 IDDSI)
☐ Mildly thick (2 IDDSI)
☐ Slightly thick (1 IDDSI)
☐ Thin (0 IDDSI)
☐ Other (specify): _____

Amount for Oral Diets

☐ Pinched straw sip
☐ Continuous straw sip
☐ Sippy cup / controlled flow
☐ Open cup
☐ ½ tsp per bite
☐ ¾ tsp per bite
☐ 1 tsp per bite
☐ >1 tsp per bite
☐ Other (specify) _____

Feeding Strategies

☐ Chin tuck
☐ Support under chin
☐ Turn head to L/R
☐ Cough/throat clear
☐ Alternate liquids and solids
☐ Repeat cueed swallowing
☐ Tongue sweep to clear oral cavity
☐ Scissor technique
☐ Other (specify) _____

Adaptive Equipment

☐ Modified bowl
☐ Modified spoon
☐ Modified fork
☐ Adaptive cup (specify) _____
☐ Other (specify) _____

Position of Student (during feeding and ____ (min) after feeding)

☐ Sit upright
☐ Head elevated ____ degrees
☐ Feet supported
☐ In chair
☐ Posture alignment
☐ Other (specify) _____

Precautions, limitations, relevant medical/dietary information

20

Student's name: _____ DOB: _____

Students
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Complications

Gagging, nausea, and/or abdominal cramping
☐ Slow down rate of feeding and monitor. If no vomiting or other signs of cramping, continue feeding at slower rate. Notify parent and school nurse.
☐ Stop feeding. Notify parent and school nurse.
☐ For feeding via pump – stop pump. Notify parent and school nurse.

Vomiting

- Stop feeding immediately. Notify parent and school nurse.

Coughing

- Stop feeding.
- Estimate amount of feeding not administered and/or vomited.
- Notify parent and school nurse.

Tubing seems to be or becomes blocked during a feeding

- Stop feeding.
- Notify parent and school nurse.

A clamp, tube, or cap comes open

- Recap or re-secure clamp.
- Cleanse site.
- Change dressing if soiled.

Bleeding or drainage is coming from tube site (STOMA)

- If only a scant amount of drainage is noted, wear gloves and cleanse area with warm water then apply sterile gauze.
- If there is a moderate to large amount of drainage/bleeding, notify parent and school nurse.

Tube displacement

- Place student in the following position:
☐ flat on back
☐ semi-reclined with head elevated to ____ degrees
☐ Rt lateral with head elevated to ____ degrees
- Cover site with sterile gauze. Keep dry.
- Notify school nurse and building administration.
- Keep areas as clear of stomach fluids as possible.
- If parent and/or parent designee cannot arrive to school within ____ min / ____ hrs, call 911. District staff will not reinsert tube

Student has difficulty breathing or skin becomes pale and clammy

- Stop feeding and closely monitor student.
- If no improvement in color, breathing, call 911.
- If breathing ceases, begin rescue breathing.
- Notify parent, school nurse, and principal.

Additional Instructions

Student's name: _____ DOB: _____

Students
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SECTION 2 - Completed this section ONLY if the student requires Gastrostomy or Gastrojejunostomy Tube feedings

Type of Feeding Tube ☐ Gastrostomy (G) size _____ ☐ Gastrojejunostomy (GJ) size _____

Feeding Type/Diet

☐ Solution
TYPE: ☐ Pump (rate ____) ☐ Bolus (over ____ min) Amt ____ mL freq ____
☐ Gravity (over ____ min/hrs)

☐ Solution
TYPE: ☐ Pump (rate ____) ☐ Bolus (over ____ min) Amt ____ mL freq ____
☐ Gravity (over ____ min/hrs)

☐ Solution
TYPE: ☐ Pump (rate ____) ☐ Bolus (over ____ min) Amt ____ mL freq ____
☐ Gravity (over ____ min/hrs)

☐ Give ____ mL of free water ☐ ____ a.m. and/or ____ p.m. ☐ PRN _____

☐ Parent may provide premixed solution to school

Procedure for Administration

Positioning

☐ sitting upright during feeding and for ____ (min) after feeding is complete
☐ semi-reclined with head elevated to ____ degrees during feeding and for ____ (min) after feeding is complete
☐ other _____

Residual

☐ Check residual
If greater than ____ mL.
☐ Feed
☐ Delay feed
☐ Recheck residual in ____ minutes. If residual greater than ____ mL, hold feed and contact parents.
☐ Do not feed
☐ Do not check residual

Flush

☐ Flush
☐ Before feeding with ____ mL of free water.
☐ After feeding with ____ mL of free water.

☐ Do not flush

Verif

☐ PRN _____

Student's name: _____ DOB: _____

Students
5335.02 F4
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SECTION 3 – Parent/Guardian

I hereby request and give my permission for school district personnel to implement/administer this feeding plan to my child as prescribed in writing. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I agree to submit a revised *Health Care Provider Authorization and Recommendations for Assisted Oral Feedings* (form 5335.02 F1) and/or *Health Care Provider Authorization and Recommendations for Assisted Gastrostomy (G) or Gastrojejunostomy (GJ) Tube Feedings* (form 5335.02 F2) if any changes are made regarding my child's feeding requirements.

I understand this plan can only be implemented/administered to my child by a medically licensed staff member or myself until staff in my child's school have completed the required District training. In the absence of a medically licensed person, only designated trained staff are authorized to perform this task.

Parent/Guardian signature: _____ Date: _____

Other Feeding Team Signatures as Applicable

Team Member Name	Signature	Title	Date

Can Provider Recommendations and Team Recommendations Differ?

Yes, this sometimes happens. Our team makes the recommendation and decision to go safer (a higher number/level) on the IDDSI framework. If the parent disagrees, we suggest another swallow study.

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Feeding staff must complete a six-step clinical competency sign-off

FEEDING COMPETENCY PROTOCOL

Training Leads & Mandate

While clinical specialists (SLPs & Nurses) design the individual feeding plans, paraprofessionals carry out the actual daily mealtimes. Comprehensive, direct training is mandatory before any student meal begins.

The School Nurse and the Speech-Language Pathologist must directly train and assess each assigned staff member to ensure 100% execution fidelity and safe mealtime logging.

6-STEP STAFF COMPETENCY CHECKLIST

1. Clinical Review

Read student's medical background, diagnostic history, and allergies.

2. Plan & Positioning Study

Demonstrate comprehensive understanding of feeding plan and seating equipment.

3. Watch Texture Preparation

Observe nurse/SLP prepare IDDSI-compliant modified food/liquid 2–3 times.

4. Professional Feed Observation

Directly observe nurse or SLP execute mealtimes with the student 2–3 times.

5. Supervised Feed Trials

Perform 2–3 complete mealtimes under direct professional supervision and feedback until staff feel comfortable.

6. Competency Form Sign-Off

Demonstrate 100% protocol adherence, sign competency log, and begin logging daily feeds.

**May revise with additional supports on a case by case basis.*

Emergency protocols must trigger instantly on signs of aspiration

IMMEDIATE MEALTIME PROTOCOL

IMMEDIATE STOP STEPS

1. STOP Feeding Immediately

Cease all oral administration of fluids, food, and medications. Do not attempt 'one last bite' or fluid clears.

2. Administer Emergency Care

Verify airway is clear. Execute standard first aid for choking, or back-strike as outlined in the student's plan.

3. Notify Clinic Nurse & SLP

Contact the School Nurse immediately for medical assessment and trigger family notification protocols.

4. Require Medical Clearance

Recommend a clinical/medical follow-up swallowing study (VFSS/FEES). Do not resume feeds until physician clearance is signed.

SIGNS TRIGGERING IMMEDIATE HALT

⚠ **Coughing, Choking, or Gagging:** Active physical struggling, throat clearing, or gasping during oral trials.

⚠ **Wet, Gurgling Vocal Quality:** Watery or gurgly sounds indicating fluid has settled on the vocal chords.

⚠ **Color Changes / Turning Blue:** Facial cyanosis, paleness, or redness indicating oxygen desaturation.

⚠ **Nasal Regurgitation:** Liquid or food exiting through the nasal passages instead of passing esophagus.

⚠ **Postural or Motoric Distress:** Sudden back arching, stiffening, or sudden behavioral irritability.

⚠ **Stomach & GI Discomfort:** Signs of severe nausea, retching, or abdominal cramping.

Staff Acknowledgement Document



Dublin City School District

Staff Acknowledgement of Training for Oral Assisted, Gastrostomy (G), or Gastrojejunostomy (GJ) Tube Feedings

Students
5335.02 F6
Revised 3/21/23

I. Delegate Acknowledgement

I am a staff member working in the Dublin City Schools and have been designated by my building administrator and delegated by the school nurse to perform oral assisted feedings and/or the nursing task of administering G or GJ tube feedings to the following student.

Student's name: _____ Birthdate: _____

Before performing this procedure, the school nurse has:

1. Informed me of the student's medical background information.
2. Reviewed the medical orders (5335.02 F1 and F2) and feeding plan (5335.02 F4) for this student with me.
3. Provided me with the written procedure for tube feedings (5335.02 P1), if applicable.
4. Trained me on all steps for oral assisted or tube feeding procedures, demonstrated the procedure twice and observed my successful return of two demonstrations on the following dates:

5. Reviewed the emergency procedures for a G or GJ tube, if applicable.
6. Informed me of the medical risks of the procedure to the student and myself.
7. Addressed all of my questions and concerns.

I understand the administration of these feedings can only be given to this student and I cannot transfer this task to another untrained staff member. I believe I am capable to perform this procedure as delegated.

Employee signature / title

Date

II. Nurse's Acknowledgement of Delegation

I have trained the above individual as stated and assessed the ability of the delegate to successfully perform this task. I will continue to periodically review this delegated task with the employee to assure competency.

School nurse signature / title

Date

Student Assisted Feeding Log



Dublin City School District

Student Assisted Feeding Log

Students
5335.02 F5
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Student Name: _____ School Year: _____

Date	Time	Initials	Feeding Type/ Solution	Positioning / Time	Residuals	Flush	Complications

Name: _____ Signature: _____ Title: _____ Initials: ____
Name: _____ Signature: _____ Title: _____ Initials: ____
Name: _____ Signature: _____ Title: _____ Initials: ____

Additional Gastrostomy (G) and Gastrojejunostomy (GJ) Tube Feeding Procedures



Dublin City School District

Gastrostomy (G) and Gastrojejunostomy (GJ) Tube Feeding Procedures

Students
5335.02 P1
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Revised 6/27/19

The purpose of this procedure is to provide G or GJ tube feedings to a student.

1. If feeding solution is refrigerated, set out one hour prior to feeding. Check expiration date.
2. Wash hands.
3. Gather supplies.
4. Measure out prescribed amount of feeding and water (for flush), if applicable.
5. Explain the procedure to the student at his or her level of understanding. Encourage the student to participate as much as possible.
6. Position student as indicated in prescribers' orders.
7. Wash hands and apply gloves.
8. Observe skin around the port for signs of irritation or leakage.
9. Verify placement and vent tube (if ordered).
10. If ordered, check residual by unclamping tube/opening port and inserting a catheter-tipped syringe. Gently draw back on the plunger to remove any liquid or medication that may be left in the stomach. Measure the amount of fluid and follow prescribers' orders based on the measured amount.
11. Assemble tubing and prime (pour measured solution/water into feeding bag/syringe, unclamp tubing and run through tubing until solution is at the tip and no air is remaining. Close clamp.)
12. If appropriate, hang bag on pole and place tubing into pump mechanism and set for the prescribed flow rate. If gravity feeding, keep bag/syringe above the port site to allow solution to flow by gravity.
13. Insert tip of feeding tubing into port/tubing. Open G-tube clamp.
14. Open clamp of feeding bag tubing.
15. For continuous feeding, add more fluid before it empties, preventing air in tubing.
16. When complete, clamp tubing.
17. Disconnect tubing from G-tube.
18. Unclamp G-tube and flush with water.
19. Cap G-tube button.
20. If continuous feed - Make sure tubing is secure and tucked inside clothing, not inside diaper or underpants.
21. Refer to student-specific guidelines regarding position and activity during/after feeding.
22. Wash syringe and other reusable equipment in soapy water. Rinse thoroughly, dry, and store in a clean area.
23. Remove gloves and wash hands.
24. Document feeding and/or medication, residual volumes, and feeding tolerance in log.
25. Maintain student in prescribed position.

Resources

- Communication Disorders and Use of Intervention Services Among Children Aged 3–17 Years: United States, 2012
 - <https://www.cdc.gov/nchs/products/databriefs/db205.htm>
- The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework>. Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>. Derivative works extending beyond language translation are NOT PERMITTED.
- Power-deFur LA. Legal Issues and Opportunities Associated With Serving Children With Pediatric Feeding Disorders in Schools. Lang Speech Hear Serv Sch. 2023 Jun 7:1-10. doi: 10.1044/2023_LSHSS-23-00018. Epub ahead of print. PMID: 37285467.
- Dublin City Schools, *Assisted Feeding Manual*

Resources continued...

American Speech Language Hearing Association

- <https://www.asha.org/public/speech/swallowing/feeding-and-swallowing-disorders-in-children/>

· The U.S. Department of Agriculture

- SP 40-2017, 2017 Edition: Accommodating Children with Disabilities in the School Meal Programs, July 25, 2017

- <https://www.fns.usda.gov/cn/2017-edition-accommodating-children-disabilities-school-meal-programs>

- SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs, Sept. 27, 2016,

<http://www.fns.usda.gov/cn/modifications-accommodate-disabilities-school-meal-programs>

- SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As), April 25, 2017,

<https://www.fns.usda.gov/cn/accommodating-disabilities-school-meal-programs-guidance-and-qas>

· The U.S. Department of Education, The Individuals with Disabilities Education Improvement Act (IDEIA)

- <https://sites.ed.gov/idea/>

· The U.S. Department of Education, Section 504 of the Rehabilitation Act

- <https://www2.ed.gov/about/offices/list/ocr/index.html>