



Student _____ Student ID _____ Campus _____

Stoma/G-tube Care:

- Daily at _____ (time of day) Care as described below:

- As needed when the following signs/symptoms are noted, using the care as described below:

- Any signs of redness, inflammation or leakage around G-tube will be assessed by campus nurse and discussed with parent/guardian.

Does the student have a VP Shunt? **NO** **Yes** (IF Yes, then MISD Shunt Care IHP form needed)

Suctioning:

- Chest PT Vest _____
- Oral suctioning - as needed using a _____ suction catheter
- Tracheal suctioning - as needed; depth _____ cm

