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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