



TRANSPORTATION COMMUNICATION

G-TUBE EMERGENCY PLAN

Student Name: _____

School Year: _____

School Name: _____ School Ph #: _____

Bus #: _____

Parent Name: _____

Phone #: _____

Description of Students Medical Concern(s):

IN AN EMERGENCY:

IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!

If you observe:	Then you should:
1. Bleeding and/or drainage	<ul style="list-style-type: none"> • Check to be sure the tube is not being pulled on. • Check for leaking at incision site. • Contact parents.
2. G-tube falls out or is pulled out.	<ul style="list-style-type: none"> • DO NOT attempt to reinsert the tube yourself. The surgical opening may close quickly. The G-tube must be reinserted before the opening closes. The G-tube must be reinserted within 20 minutes. • Notify Parents immediately. If parents are unavailable, call 911. • Cover the site with a clean, dry dressing or bandage.

The information provided above is NOT a health care plan but reflects emergency guidance for students with an Asthma Health Care Plan. More detailed plans are available and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

Parent Signature: _____ Date: _____

**If available, please attach a current picture of the student to this form.*