

Attach student photo here

REQUEST FOR PROVISION OF MEDICALLY PRESCRIBED TREATMENT (NON-MEDICATION)

Provider Treatment Order Form | Office of School Health | School Year 2021-2022

Please return to school nurse. Forms submitted after June 1st may delay processing for new school year.

Student Last Name First Name Middle Date of birth MM/DD/YYYY Male Female

OSIS Number School (include ATSDBN/name, address and borough) DOE District Grade Class

HEALTHCARE PRACTITIONERS COMPLETE BELOW

ONE ORDER PER FORM (make copies of this from for additional orders). Attach prescription(s) / additional sheet(s) if necessary to provide requested information and medical authorization.

- Blood Pressure Monitoring
Chest Clapping/Percussion
Clean Intermittent Catheterization: Cath Size \_\_\_Fr.
Central Line
Dressing Change
Feeding: Cath Size \_\_\_Fr.
Nasogastric G-Tube J-Tube
Bolus Pump Gravity Spec./Non-Standard\*
Feeding Tube replacement if dislodged - specify in #5
Oral / Pharyngeal Suctioning: Cath Size \_\_\_Fr
Ostomy Care
Oxygen Administration - specify in #2
Postural Drainage
Pulse Oximetry monitoring
Trach Care : Trach. Size \_\_\_
Trach Replacement - specify in #5
Trach Suctioning : Cath Size \_\_\_Fr
Vagus Nerve Stimulator
Other: \_\_\_\_\_

Student will also require treatment: during transport on school-sponsored trips during afterschool programs

Student Skill Level (Select the most appropriate option):

- Nurse-Dependent Student: nurse must administer treatment
Supervised Student: student self-treats under adult supervision
Independent Student: student is self-carry/self-treat (initial below)

Practitioner's initials box

I attest student demonstrated the ability to self-administer the prescribed treatment effectively during school, field trips, and school-sponsored events

Practitioner's initials

1. Diagnosis: Enter ICD-10 Codes and Conditions (RELATED TO THE DIAGNOSIS)
Diagnosis is self-limited Yes No

2. Treatment required in school:
Feeding: Formula Name Concentration Route Amount/Rate Duration Frequency/specific time(s) of administration
Premixing of medications and feedings by parents is no longer permissible for a nurse to administer. Nurses may prepare and mix medications and feedings for administration via G-tube as ordered by the child's primary medical provider.
Flush with \_\_\_ mL before feeding after feeding
Oxygen administration: Amount (L) Route Frequency/specific time(s) of administration prn O2 Sat < \_\_\_% Specify signs & symptoms
Other Treatment: Treatment Name Route Frequency/specific time(s) of administration prn Specify signs & symptoms
Additional Instructions or Treatment:

3. Conditions under which treatment should not be provided:

4. Possible side effects/adverse reactions to treatment:

5. Emergency Treatment: Provide specific instructions for nurse (if one is assigned and present) in case of emergency, including adverse reactions, including dislodgement or blockage of tracheostomy or feeding tube:

6. Specific instructions for non-medical school personnel in case of adverse reactions, including dislodgement of tracheostomy or feeding tube:

7. Date(s) when treatment should be: Initiated \_\_\_/\_\_\_/\_\_\_ Terminated \_\_\_/\_\_\_/\_\_\_

Health Care Practitioner LAST NAME FIRST NAME Signature
Address Tel. No. Fax. No.
E-mail address Cell phone
NYS License No (Required) NPI No. Date \_\_\_/\_\_\_/\_\_\_

