

Gastrostomy Button (G-button) Reinsertion to Prevent Closure of Stoma Guideline, Trained Emergency Contacts & Consent

In the case that a student's g-button is dislodged and requires prompt medical attention to prevent closure of the stoma.

Personnel Involved

- Trained Campus Registered Nurse (RN)
 - RN that has completed the Leander ISD G-button reinsertion training/competency skill check off
- Parent/Guardian
- Trained Emergency Contacts
 - These individuals are designated and trained by the parent/guardian of the student
- Physician

This procedure is only to be performed by a trained campus RN, in conjunction with a signed consent from parent/guardian and signed physicians statement stating the tract is established. The trained campus RN will reinsert the g-button to provide stoma patency only to prevent closure.

General Information

- Prompt reinsertion of the g-button is recommended after it has been dislodged, so that the stoma remains patent. Delay of reinsertion may cause the stoma to constrict, a condition which may require surgical intervention or cause painful reinsertion.
- After the trained campus RN has reinserted the g-button to provide stoma patency to prevent closure only, verification of correct placement is the responsibility of the parent/guardian, trained emergency contact or physician.
 - No feeding or medication administration shall be attempted via the g-button until correct placement has been verified and "Verification of Correct Placement Signature Form has been signed by a parent/guardian, trained emergency contact or physician.
- If there is a situation where a trained campus RN is not immediately available in the event of a g-button dislodgement, the District RN &/or Health Educator RN will be immediately notified to go to the campus and reinsert the g-button provided the parent/guardian has consented to reinsertion.
- If it is determined that reinsertion may cause harm to the student, the sight will be covered, parent/guardian will be immediately notified, and the student should be transported immediately to a physician's office or hospital emergency room via parent/guardian, emergency contact or EMS.
- It is the responsibility of the parent/guardian to provide all necessary equipment for performing the procedure at school.

Parent/Guardian Designated & Trained Emergency Contacts

Printed Full Name	Cell #	Work #	Relationship

Parent/Gaudian Consent

I fully understand the above guideline as stated. I consent to the reinsertion of my child's g-button by a trained campus RN or trained emergency contact. I fully understand and take responsibility of designating, providing and maintaining appropriate training for the listed emergency contacts. I understand that the School District, the Board and its employees shall be immune from civil liability due to any injuries resulting from the reinsertion of the g-button, provided such administration conforms to the requirements of this guideline.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____