

Medication Administration Quiz
Sheboygan Area School District
G-Tube

Name _____
School _____

True or False:

1. If a student's G-Tube falls out, I can easily put it back into place. True or False
2. I need to have parent permission and doctors' orders to access a student's g-tube at school. True or False
3. It is a medical emergency if fluid leaks out around the G-tube. True or False
4. If I have questions about a student's g-tube, I should call my school nurse. True or False
5. If the g-tube accidentally falls out, parents need to be notified immediately. True or False
6. I do not need to document when I administer a g-tube feeding. True or False
7. I need to have the nurse watch me do a return demonstration of a g-tube feeding before I can independently do it. True or False

By signing this review, I am willing and voluntarily accept to administer the above medications (as reviewed) to students throughout the school year. I also understand that I may contact the District School Nurse at anytime if I have questions or concerns by pager or phone.

Staff Signature: _____

Staff Printed Name: _____

Delegating School Nurse Signature: _____

Date: _____

Return Demonstration Dates (to be completed by school nurse):

Date: / /	Nurse Initials:
Date: / /	Nurse Initials:
Date: / /	Nurse Initials:
Date: / /	Nurse Initials: