Medical Management Plan (Feeding Tube)

Welcome!

Thank you for registering to participate with the Raleigh Parks, Recreation and Cultural Resources Department (PRCR). The City is committed to providing all participants with an exceptional experience! The City has received your request for accommodation, and it is important that we engage you as a partner in the process to make participation as seamless and successful as possible. In order to make sure that our program is compatible with your support needs, we would like to provide you with more detailed information about our program considerations. In addition, to make sure that the City can safely and meaningfully accommodate the needs, we are requesting additional information from you and the treating physician. We would also like to further explain the steps and process for designing an accommodation to best meet your support needs, in consideration of safety and available Department resources.

PRCR Program Considerations

The Raleigh Parks, Recreation and Cultural Resources Department boasts more than 200 parks including features like amusements, art centers, athletic facilities, community centers, lakes, nature preserves, off- leash dog parks, playgrounds, swimming pools, historic homes, and open spaces. PRCR programs occur throughout all parks and facilities, on our greenways, and at non-City locations. The City cannot control environmental conditions at activities conducted off-site. Participants should plan accordingly and must notify staff in advance if alternative activities would be safer or more appropriate.

Program Activities & Requirements: Programs have various activities such as free choice play, active activities in a large room/gym/outdoors, passive/quiet activities, arts and crafts, recreational sports, games, field trips, food and food experiences, and specialty programs. Programs may involve a high level of gross motor skills and physical mobility/activity including climbing, balancing, stopping, kneeling, crouching, crawling, jumping/hopping, standing, walking, running, and physical contact between participants. Programs may involve a high level of fine motor skills as appropriate for the specific program content. In addition, participants should exhibit a moderate level of expressive and receptive communication skills and a moderate level of appropriate social skills, such as turn taking and peer cooperation.

Program Environment & Spaces: Programs may be held in a variety of spaces such as a room inside a community/art/etc. center, outdoor tennis/basketball/volleyball court, baseball/softball/open field, playground, picnic shelter, gymnasium (with or without air-conditioning), pool, etc. There may be multiple transitions between various spaces, environments and activities during the program. Some programs travel to various field trip locations, some greater than 50 miles away from the base program location. For trips, transportation may be provided by PRCR vehicles or by a charter bus. Participants may be exposed to a variety of indoor spaces both air conditioned and not air conditioned, and outdoor spaces in different weather conditions and temperatures. There are specific activities and spaces that will be loud (music, shouting, etc.) and some activities that will be in dim lighting (movies, video games, etc.).

Staffing: All programs operate under the direction of a full-time staff that provides oversight and support to the program and instructors/staff. Some programs are instructed directly by full-time staff, while others are instructed by part-time staff. Staffing ratios and plans are unique and individualized per program. All program instructors are trained in City policies and procedures, and at least one staff with the program/facility is certified in First Aid and CPR. While there will be at least one or two staff members with First Aid and CPR certification with the program at all times, no staff members are required to have medical training or certifications above First Aid and CPR.

Needed Information

The Medical Management Plan (MMP) – please work with the treating physician to complete this form in its entirety. It is acceptable for a participant/parent/guardian to fill out the form as long as the physician reviews and signs it. The City will rely on this form in order to make reasonable attempts to make accommodations and provide an opportunity to meaningfully participate in program activities. Because the City has no staff with medical training or experience specific to particular limitations and needs, Parks, Recreation and Cultural Resources staff must rely on the MMP in order to safely supervise the participant. The MMP must be returned to the City at least two weeks before the start of the program. However, in order to allow as much time as possible for development of a support plan, to allocate available resources, and to provide additional training, the City would like to receive the MMP back from you as far in advance as possible. The form is attached to this letter and includes an overview for the physician.

Next Steps

PRCR staff will review the MMP once it is received to determine whether PRCR resources are adequate to safely accommodate.

- If we are able to accommodate, PRCR staff will contact you and will work with the participant/parent/guardian to develop an appropriate support plan. Medical accommodations are the most successful when we work directly with the treating physician and the participant/parent/guardian to develop the support plan and offer training for the program staff. Effective communication between the City and the participant/parent/guardian will be essential to the development of a care plan that accurately reflects the care needs. After the support plan has been developed, PRCR staff will work with you to verify how staff will implement the procedures.
- We will work collectively to schedule and conduct appropriate training for the staff that will be working to provide support. The City asks that you be available during the training to share with staff any pertinent information, and to partner with any appropriate medical staff to provide information about any equipment or situations that may be unique.

Please let us know as you have questions. We look forward to serving you in our programs!

Sincerely,

Laurel Heizelman, LRT/CTRS, CPRP
Inclusion Manager
Specialized Recreation and Inclusion Services
919-996-2149

Christen Winstead, LRT/CTRS, CPRP
Program Director
Specialized Recreation and Inclusion Services
919-996-2111

Medical Management Plan (Feeding Tube)

Dear Physician:

One of your patients has registered to participate in a City of Raleigh Parks, Recreation and Cultural Resources Department program or event, and we have been requested to provide support for care. Please review the program considerations below and discuss the specific program with your patient. Then, please complete the attached Medical Management Plan (MMP) in full. This record will remain in the participant's file so that we may assist with their medical care and needs. The completed MMP will be valid for one calendar year from the date of your signature, unless there are changes in their condition.

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with the program/facility is certified in First Aid and CPR. While there will be at least one or two staff members with First Aid and CPR certification with the program at all times, no staff members are required to have medical training or certifications above First Aid and CPR.

If you have any questions regarding the MMP or more specific program considerations, please contact us.

Sincerely,

Laurel Heizelman, LRT/CTRS, CPRP
Inclusion Manager
Specialized Recreation and Inclusion Services
919-996-2149
Laurel.heizelman@raleighnc.gov

Christen Winstead, LRT/CTRS, CPRP
Program Director
Specialized Recreation and Inclusion Services 919-996-2111
Christen.Winstead@raleighnc.gov

Medical Management Plan (Feeding Tube)

This plan is designed for participants under the age of 18 or those over the age of 18 who may need support managing their condition. It should be completed by the participant's personal health care team, including the parent/guardian. It should be reviewed with relevant Parks, Recreation and Cultural Resources staff and copies should be kept in a place that can be accessed easily by authorized personnel. This plan is valid for one year from the physician's signature unless condition or care changes.

Participant's Name: _____ Date of Birth: _____

Diagnosis: _____ Date of Diagnosis: _____

Program: _____ Location: _____

Program 2 (if applicable): _____ Location: _____

Additional Programs and Locations: _____

CONTACT INFORMATION

Guardian: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Guardian: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____

Participant's Physician/Health Care Provider: _____

Address: _____

Email Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contact:

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____

STAFF SUPPORT AND PARTICIPANT SELF-CARE

☐ Yes ☐ No Independently calculates dosage and administers own nutrition via tube/pump as outlined above. Provides all care needs.

☐ Yes ☐ No May calculate dosage, administer nutrition and provide care needs with supervision as outlined in this document.

☐ Yes ☐ No Requires trained personnel to calculate dosage, administer nutrition and provide care needs as outlined in this document.

FEEDING TUBE INFORMATION

What kind of tube is used by the participant?

☐ G Tube ☐ GJ Tube ☐ JTube ☐ NG Tube ☐ NJ Tube
☐ ND Tube ☐ TPN Tube

What type of tube is used by the participant?

☐ MIC / Mic-Key ☐ Peg ☐ Other: _____

Will participant use a pump for feeding during program hours? ☐ Yes ☐ No

Type of pump: _____

Pump rate/hour: _____

Can pump run off a battery: ☐ Yes ☐ No Life of fully charged battery: _____

Will participant use gravity feeds during program hours? ☐ Yes ☐ No

At what height is gravity bag to be hung?

Supplies needed:

☐ Formula ☐ Syringes ☐ Feeding Bags
☐ Feeding Pump ☐ Battery Charger ☐ Extensions
☐ Extra Tube ☐ Other: _____

NUTRITION AND MEDICATION

Does the participant take any FLUIDS by mouth? ☐ Yes ☐ No

If yes, what fluids & when: _____

Does the participant take any FOODS by mouth? ☐ Yes ☐ No

If yes, what foods & when: _____

Feedings & Water

Feeding/formula type: _____

Water flush before feeding? ☐ Yes ☐ No Amount: _____

Water flush after feeding? ☐ Yes ☐ No Amount: _____

Please list any other times water/fluids should be given throughout the day via tube (ie; during hot weather, active participation, participant looks flushed/red or is sweating).

Type of Fluid: _____ Amount: _____

Please list routine/daily feeds/water to be given by PRCR staff throughout program hours:

Time	Amount	Bolus/Rate	Formula/Water

Describe the steps in detail staff should follow when doing a feeding. Please include when to clamp and unclamp tubing, tube priming, water flushes, how to remove tubing, how to secure tubing, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Does residual need to be checked before feeding? ☐ Yes ☐ No Rate: _____

How is participant to be positioned during the feeding?

Please describe how equipment is to be cleaned after a feeding.

Please describe how equipment is to be stored after a feeding.

How is participant to be positioned after the feeding and for how long?

Does tube need to be vented? ☐ Yes ☐ No

If yes, when and for how long?

Please describe any reason a feeding should be withheld (for example: redness, drainage, bleeding at tube site; intolerance of feeding by nausea, vomiting, etc.).

Medications

Please list medications/supplements (and dosages) participant takes outside program hours:

Please list routine/daily medications to be given by PRCR staff during program hours:

Medication	Dosage	Frequency/Time	By Tube or Mouth?

If medications are to be given by tube:

Water Flush after medication (amount):

Tube Care:

Does tube placement need to be checked? ☐ Yes ☐ No

Please describe how to confirm tube placement.

Please describe how you know the tube is dislodged. Please then describe action/protocol.

Does tube/site need to be covered in a band or wrap? ☐ Yes ☐ No

Please describe how you know the tube is clogged. Please then describe action/protocol.

If tube becomes expelled, please describe action/protocol*:

*If tube becomes completely expelled, PRCR staff will not reinsert the tube. If participant is not independent in reinserting tube, PRCR staff will call parents/guardians.

Please describe any other instances when parents/guardians should be called in regard to the tube:

Please describe any medical emergency that would require 911 being called:

Please describe any special instructions for swimming or water activities (including any tube or site cleaning, tube wrapping, etc):

**It is recommended that the tube be changed prior to participant attending the program.

PROGRAM CONSIDERATIONS

Check all that apply and describe any consideration or precautions that should be taken:

☐ Physical Activity/ Sports:

☐ Field Trips:

☐ Other:

Additional information or special instructions for care:

SIGNATURES: PHYSICIAN

As the treating physician of (participant's name) _____, I have reviewed the program description, likely environmental conditions, and physical requirements of (program name) _____. In my judgment, I believe (participant's name) _____ may safely participate in (program name) _____ and that the physical limitations of (participant's name) _____ may be successfully met by non-medical personnel. Therefore, I (physician) _____ , approve this Medical Management Plan and acknowledge that the procedures outlined in this plan may be performed by non-medical personnel.

_____

Participant’s Physician/Health Care Provider Name

_____ _____

Participant's Physician/Health Care Provider Signature Date

I intend and agree that typing my name above constitutes my electronic signature, which acknowledges my consent to the terms set forth herein. I intend that my electronic signature have the same legal force and effect as a written signature. I consent to using electronic means by which to provide written authorization for the Medical Management Plan and procedures for the above referenced participant, and further agree that I have provided the written authorization as required by law.

Tube Feeding Management Procedures

***To be completed by the parent/guardian.**

I, (parent/guardian) _____ acknowledge that the ability of PRCR staff to successfully implement (participant's name) _____ 's MMP depends on the timeliness and accuracy of the information provided herein. I further acknowledge that PRCR staff will rely upon the information provided herein in order to make reasonable efforts to:

- Provide care consistent with the most current approved MMP
- Provide accurate, timely information about the scheduled activities and program environment
- Train staff on all procedures outlined in the MMP who will be responsible for providing care
- Ensure trained personnel are with the participant/on-site at all times during the program
- Document care provided as it is given using approved documentation
- Provide adequate space as needed for care
- Provide appropriate storage, access, and disposal for medication and equipment
- Communicate with the parent/guardian as outlined in the communication protocol

☐ _____

☐ _____

Parent/Guardian will:

☐ Provide accurate, timely information regarding the most current approved MMP and any future updates or changes to the plan (when possible at least 2 weeks in advance)

☐ Participate in training staff of the Raleigh Parks, Recreation and Cultural Resources Department as requested to review equipment and/or procedures that are specific to the participant

☐ Provide adequate equipment, nutrition (liquids and/or solids) as indicated in the MMP

☐ Provide clear, timely instructions for how program provided meals/snacks should be handled, and communicate directly with any 3rd party food provider if applicable (summer food service program, etc.)

☐ Provide all medication and medical equipment needed to implement the approved MMP in the program

☐ Communicate with Raleigh Parks, Recreation and Cultural Resources as outlined in the communication protocol

☐ _____

☐ _____

☐ _____

Medication and Nutritional Items storage/access:

The following medications will be provided to the program in accordance with the approved MMP and have the following storage/access requirements:

Medication: _____

Storage: _____

Access: ☐ On-site (access in less than 10 minutes, ie. stored in office)

☐ Immediate (medication must be with participant at all times)

Medication: _____

Storage: _____

Access: ☐ On-site (access in less than 10 minutes, ie. stored in office)

☐ Immediate (medication must be with participant at all times)

Medication: _____

Storage: _____

Access: ☐ On-site (access in less than 10 minutes, ie. stored in office)

☐ Immediate (medication must be with participant at all times)

Communication protocol:

I request that Parks, Recreation and Cultural Resources staff contact the parent/guardian immediately in the following circumstances:

- ☐ Any time the participant's emergency action plan is activated
- ☐ Any time there is a suspected clogged tube or tube malfunction
- ☐ Any time the tube becomes dislodged/expelled
- ☐ Any time there is a suspected pump malfunction (if applicable)
- ☐ Any time there are concerns regarding the participant's additional care giver, as provided by the parent/guardian (if applicable)
- ☐ For any circumstance compromising PRCR's ability to provide care
- ☐ _____
- ☐ _____

I request that Parks, Recreation and Cultural Resources staff contact the parent/guardian:

- ☐ To discuss special program circumstances that could impact care (examples include field trips, overnights, program provided food)
- ☐ _____
- ☐ _____

Parent/Guardian will contact PRCR:

- ☐ Any time the participant's MMP or management procedures need to be updated
- ☐ Any time changes in the participant's medical condition could cause care during the program to be problematic
- ☐ Any time the participant will be absent from the program
- ☐ _____
- ☐ _____

Additional information or responsibilities:

SIGNATURES: PARENT/GUARDIAN

I, (parent/guardian) _____ give permission to the personnel of the City of Raleigh Parks, Recreation and Cultural Resources Department to perform and carry out the care tasks as outlined in (participant's name) _____'s Medical Management Plan.

I understand and acknowledge that the City of Raleigh is not a healthcare provider, and that this document contains protected health information regarding (participant's name) _____. I freely authorize disclosure of this information to the City of Raleigh for the purposes stated herein, and I understand that the information used or disclosed herein may be subject to re-disclosure, and that disclosure of this information may mean that this information is no longer protected by Federal privacy regulations. I expressly consent to the release of the information contained in this Medical Management Plan to all program staff members and other adults who have responsibility for the participant's and who may need to know this information to maintain the participant's health and safety. I also give permission to the PRCR staff and/or qualified health care professional to contact the participant's physician/health care provider. I understand that any action already taken in reliance on this authorization cannot be reversed.

Participant's Parent/Guardian Name

Participant's Parent/Guardian Signature Date

I intend and agree that typing my name above constitutes my electronic signature, which acknowledges my consent to the terms set forth herein. I intend that my electronic signature have the same legal force and effect as a written signature. I consent to using electronic means by which to provide written authorization for the Medical Management Plan and procedures for the above referenced participant, and further agree that I have provided the written authorization as required by law.

Acknowledged and received by:

PRCR Authorized Representative Date