

**COMPETENCY EVALUATION TOOL for  
GASTROSTOMY (G) or JEJUNOSTOMY (J) TUBE MEDICATION  
ADMINISTRATION**

**Staff Name:** \_\_\_\_\_

**Name of Individual** \_\_\_\_\_

**Date:** \_\_\_\_\_

	<b>Pass Fail or N/A</b>	<b>Assessed by: (RN name)</b>	<b>GENERAL KNOWLEDGE</b>
1.			Knows that only licensed personnel (nurses) and MAP certified staff, who have successfully completed specialized G or J tube medication administration training may administer medications through the G or J-tube.
2.			Knows that another competency evaluation will need to be completed if a MAP certified staff person who has successfully completed specialized training in G or J tube medication administration does not administer medications via G/J tube to an individual for a period of time exceeding six months.
3.			Knows that all MAP regulations must be followed when administering medications via G or J tube.
4.			Knows what gastrostomy and jejunostomy tubes are and why this individual has one.
5.			Knows a brand of formula should never be changed without a doctor's order.
6.			Is aware that there are 3 different methods of tube feedings. (Bolus, Continuous, and Intermittent)
7.			Knows that a method of tube feeding, rate and time may not be changed without a doctor's order.
8.			Knows that individuals with tube feedings need to be weighed as directed by RN, NP or Physician.
9.			Knows why water flushes are needed.
10.			Knows that good hand washing and cleanliness of G/J-tube equipment is essential in safe administration of tube feedings and medications.
11.			Knows the importance of elevated position of individual during feedings, flushes, and medication administration.
12.			States what s/he would do if the feeding tube became dislodged or appears to have moved in or out within the first 8 weeks of original placement of the tube. (When tract not yet well established.)
13.			States what s/he would do if the tube became dislodged or appears to have moved in or out after the first 8 weeks of original placement of the tube. (When tract is well established.)
14.			Knows the importance of preventing the tube from being pulled.
15.			States what s/he would do if the individual vomits while feeding is being administered.
16.			States what s/he would do if the individual had breathing difficulty.
17.			States what s/he would do if the individual had diarrhea.
18.			Able to identify some the causes of vomiting or diarrhea.
19.			States what s/he would do if stoma site has redness, swelling or purulent drainage.
20.			States what s/he would do and look for if pump alarm says the tube is blocked or that there is an occlusion.

	Pass Fail or N/A	Assessed by: (RN name)	PROCEDURE FOR MEDICATION ADMINISTRATION
1.			Follows all procedures for preparation of medications for administration according to MAP regulations and policies.
2.			Assembles necessary equipment and enough water for pre and post med flushes.
3.			Prepares medications according to MAP. Shakes suspensions vigorously before pouring, and crushes pills finely before mixing with water or other liquid.
4.			Informs individual what is being done.
5.			Checks G/J tube placement if part of individual's G/J tube protocol
6.			Positions individual in correct position.
7.			Clamps/pinches G/J tube before unplugging or disconnecting feeding.
8.			Places plug or hangs feeding bag tubing so that they remain free from contamination.
9.			Inserts the tip of syringe barrel (which has been separated from plunger) into the tube, while continuing to pinch off the tube.
10.			Pours 20cc or other instructed amount of water into syringe and allows it to flow into stomach/intestine. (For J-tube may have to replace plunger back into barrel and push in gently for each water flush and medication)
11.			Pinches off tube just prior to syringe being completely emptied.
12.			Pours medications into barrel of syringe with 5cc to 10cc of water in between each type of medication.
13.			Ends medication administration with 20cc (or instructed amount) water flush
14.			Reinserts plug or resumes feeding.
15.			Documents administration according to MAP regulations and policies.

Based on this Competency Evaluation Tool, I, \_\_\_\_\_ have  
*Name of RN*  
determined that \_\_\_\_\_ is competent to administer  
*Name of Staff Person*  
medications via G/J tube to : \_\_\_\_\_.  
*Name of Individual*

\_\_\_\_\_  
*Signature of RN*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Staff Person Signature*

\_\_\_\_\_  
*Date*