

Competency Evaluation Tool for Gastrostomy (G) Tube 'Bolus Feeding'

Name of Individual: _____

Type of G Tube: _____

	Pass (P), Fail (F), N/A	Comments	Procedure for Bolus Feeding:
			The Certified staff:
1.			Checks the individual's Health Care Provider (HCP) Orders and/or Protocol.
2.			Washes hands.
3.			Gathers equipment (e.g., ordered amount of formula, water, 60 mL catheter tip syringe [with barrel separated from plunger], clean towel, etc.).
4.			Inform individual what is being done.
5.			Positions individual in correct position.
6.			Clamps/Pinches G Tube before unplugging Tube. Removes plug and places plug so that it remains free of contamination.
7.			Inserts tip of 60 mL catheter tip syringe into G Tube.
8.			Pours HCP ordered amount of water into barrel of syringe; un-pinches the G Tube; allows water to slowly enter stomach by gravity and pinches the G Tube just prior to syringe being completely emptied of water.
9.			Slowly pours formula into barrel of syringe; un-pinches the G Tube to allow the formula to enter the stomach; continuously refills the barrel of the syringe before it completely empties; (to prevent air from entering); until the entire HCP ordered amount of formula has been poured into the syringe.
10.			Clamps/Pinches G Tube just prior to syringe being completely emptied.
11.			Pours HCP ordered amount of water into syringe, un-pinches Tube, and allows water to enter stomach (to flush Tube).
12.			Clamps/Pinches G Tube when syringe has just completely emptied of water.
13.			Reinserts plug prior to un-pinching Tube.
14.			Documents that feeding has been given.
15.			Ensures that individual sits up for at least sixty (60) minutes after feeding is complete.

Based on this Competency Evaluation Tool, I, as approved Trainer (RN or HCP required for initial training, LPN may provide subsequent training), have determined that the Certified Staff named below is competent to administer G Tube Bolus Feedings to the **identified individual**.

Date: _____

Trainer's Printed Name: _____

Certified Staff's Printed
Name: _____

Trainer's Signature: _____

Certified Staff's
Signature: _____

Trainer's Contact
Information: _____