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| Competency Evaluation Tool for Gastrostomy (G) or Jejunostomy (J) Tube ‘Completion of Feeding’ |
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| **Name of Individual:**        |
| **Type of G or J Tube:**        |
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|  | Pass (P), Fail (F), N/A | Comments | Procedure to Complete a Feeding: |
|  |  |  | The Certified staff: |
| 1. |       |       | Checks the HCP Order and/or Protocol and Medication Administration Record to verify that it is time to stop the feeding.  |
| 2. |       |       | Washes hands. |
| 3. |       |       | Gathers equipment (e.g., syringe, 20 mL [or other HCP ordered amount] water [or other HCP ordered liquid]) for flush. |
| 4. |       |       | Informs individual what is being done. |
| 5. |       |       | Turns off feeding pump. |
| 6. |       |       | Clamps/Pinches G or J Tube. |
| 7. |       |       | Clamps/Pinches feeding bag Tube. |
| 8. |       |       | Disconnects G or J Tube from feeding bag tubing (if feeding bag is to be used again, ensures tubing does not become contaminated). |
| 9. |       |       | While G or J Tube is still clamped/pinched, places tip of syringe (which has been separated from plunger) into G or J Tube. |
| 10. |       |       | Pours HCP ordered amount (e.g., 20 mL) water (or other HCP ordered liquid) for flush into syringe; unclamps Tube and allows liquid to flow slowly into stomach/intestine by gravity or follows HCP Order and/or Protocol. |
| 11. |       |       | Clamps/Pinches G or J Tube just prior to syringe being completely emptied. |
| 12. |       |       | Inserts plug. |
| 13. |       |       | Unclamps/Un-pinches G or J Tube. |
| 14. |       |       | Ensures G or J Tube placement (e.g., measuring tape) per HCP Order and/or Protocol, if applicable. |
| 15. |       |       | Documents according to current MAP Regulations, Policy, and Curriculum. |

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| Based on this Competency Evaluation Tool, I, as approved Trainer (RN or HCP), have determined that the Certified Staff named below is competent to complete a G or J Tube Feeding for the **identified Individual**. |
| Date:  |       | Trainer’s Printed Name: |       |
| Certified Staff’s Printed Name: |       | Trainer’s Signature: |       |
| Certified Staff’s Signature: |       | Trainer’s Contact Information: |       |
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