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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 required for initial training, LPN may provide subsequent training), 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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