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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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