

## Competency Evaluation Tool for Gastrostomy (G) or Jejunostomy (J) Tube 'Continuous Feeding'

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

**Type of G or J Tube:** \_\_\_\_\_

	Pass (P), Fail (F), N/A	Comments	Procedure for Continuous Feedings:
			<b>The Certified staff:</b>
1.			Checks the Health Care Provider (HCP) Orders and/or Protocol.
2.			Washes hands.
3.			Gathers equipment (e.g., ordered formula, 20 mL [or other amount of water if specifically ordered], water [or other HCP Ordered liquid], syringe, etc.) for flush.
4.			Informs individual what is being done.
5.			Positions individual in the correct position.
6.			Marks 'new' feeding bag or bottle with current date and time.
7.			Fills 'new' feeding bag with no more than four (4) hours' worth (unless otherwise ordered by the HCP) of formula.
8.			Primes tubing of 'new' feeding bag and then clamps the Tube.
9.			Clamps 'old' feeding bag tubing prior to removing 'old' feeding bag from feeding pump.
10.			Connects 'new' feeding bag tubing to feeding pump and sets desired rate on pump.
11.			Clamps/pinches G or J Tube before unplugging or disconnecting tubing.
12.			Removes plug or disconnects feeding (if using plug, places plug so that it remains free of contamination).
13.			Separates barrel from plunger of syringe.
14.			While G or J Tube is still clamped or pinched, places tip of syringe into G or J Tube and pours HCP ordered amount (e.g., 20 mL) water (or other HCP ordered liquid) into barrel of syringe.
15.			Unclamps G or J Tube and allows water to slowly enter stomach/intestine by gravity or follows HCP Order/Protocol.
16.			Clamps/pinches G or J Tube just prior to syringe being completely emptied.
17.			Connects G or J Tube to 'new' feeding bag tubing and unclamps Tube.
18.			Rechecks setting on the feeding pump and turns pump on.
19.			Documents that the feeding has been hung, the rate of the feeding, and how the individual tolerates the procedure.

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 Continuous Feedings via the G or J Tube 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: \_\_\_\_\_