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| Competency Evaluation Tool for Gastrostomy (G) or Jejunostomy (J) Tube ‘Continuous 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 for Continuous Feedings: | |
|  | |  |  | The Certified staff: | |
| 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. | |

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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 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: |  |
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