

Competency Evaluation Tool for Return-Demonstration of 'Water Flush' Administration via the Individual's Gastrostomy (G) or Jejunostomy (J) Tube

Name of Individual:	Type of G or J Tube:
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Before administering the water flush to the individual via the G or J Tube route, Certified staff must observe the Trainer demonstrate the correct technique. Certified staff must then be observed by the Trainer, successfully completing a return-demonstration of water flush administration (via the G or J Tube).

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	Pass (P), Fail (F), N/A	Comments	Procedure for Demonstration of Water Flush via the Individual's Gastrostomy (G) or Jejunostomy (J) Tube:
			The Certified staff:
1.			Follows all procedures for preparation and administration of the water flush according to MAP Regulations, Policies, and Curriculum.
2.			Checks individual's Health Care Provider (HCP) Orders and/or Protocol.
3.			Washes hands.
4.			Assembles necessary equipment and enough water for the water flushes.
5.			Informs individual what is being done.
6.			Checks the placement (e.g., measuring tape) of the G or J Tube (if there is an HCP Order and/or Protocol).
7.			Positions individual in correct position.
8.			Clamps/pinches G or J Tube before unplugging or disconnecting feeding.
9.			Removes plug or disconnects feeding.
10.			Puts plug and/or tubing (that is connected to feeding bag) on a clean surface, so that they remain free from contamination.
11.			While G or J Tube is still clamped/pinched, inserts tip of syringe (which has been separated from plunger) into G or J Tube.
12.			Pours HCP instructed amount of water into barrel of syringe, unclamps the G or J Tube, and allows water to slowly enter stomach or intestine (following HCP Order/Protocol).
13.			Clamps G or J Tube when syringe has just completely emptied.
14.			Inserts plug or reconnects G or J Tube to feeding pump tubing and (checks setting on feeding pump), unclamps G or J Tube, and turns feeding pump on.
15.			Documents the water administration according to MAP Regulations, Policies, and Curriculum.

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 water flushes via the G or J Tube to the <u>identified individual</u> .			
	Date: _____		Trainer's Printed Name: _____
Certified Staff's Printed Name:	_____	Trainer's Signature:	_____
Certified Staff's Signature:	_____	Trainer's Contact Information:	_____