REQUIRED

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:**

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. |

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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 water flushes 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: |

Maintain a copy of this document in Training Records at the MAP Registered site Rev\_06-28-23