

Competency Evaluation Tool for 'Individual-Specific' Medication Administration via a Gastrostomy (G) or Jejunostomy (J) Tube

Name of Individual: _____

Individual-Specific Medication Administration via G or J Tube Training Guidelines

| | Training Components of Equipment and Procedure | Comments |
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| At the conclusion of this training, the Certified staff: | | |
| 1. | Knows that they must follow all procedures for the preparation and administration of the individual's medication via the individual's Gastrostomy (G) or Jejunostomy (J) Tube, according to MAP Regulations, Policies, and Curriculum. | |
| 2. | Knows to review the individual's G or J Tube Health Care Provider (HCP) Orders and/or Protocol for the prescribed medications, the route of administration, and any special instructions. | |
| 3. | Knows the individual's medical condition or diagnosis that is the indication for the G or J Tube. | |
| 4. | Knows the possible adverse effects of medication administration via the individual's G or J Tube. | |
| 5. | Knows the instructions for follow-up (e.g., when to call the HCP or 911) when there are concerns regarding the individual's G or J Tube. | |
| 6. | Knows the Service Provider's emergency procedures to follow, including but not limited to, calling 911 and notification of the individual's HCP. | |
| 7. | Knows how to obtain and care for the individual's G or J Tube equipment (e.g., feeding pump, tubing, syringe, etc.). | |
| 8. | Knows and demonstrates how to operate the individual's G or J Tube equipment (e.g., feeding pump, tubing, syringe, etc.) and is able to state when the equipment can be reused. | |
| 9. | Knows the power source requirements for the individual's feeding pump and the procedure for back-up power source when necessary (as applicable). | |
| 10. | Knows what the individual's position should be (as ordered by the HCP) when they are receiving their Medication, Water flushes, and Nutritional Supplement (as applicable) via the G or J Tube. | |
| 11. | Knows how to check for placement (e.g., measuring tape) of the individual's G or J Tube (if included in individual's HCP Order and/or Protocol). | |
| 12. | Knows the 'hang time' (i.e., how long the open container of the nutritional supplement may remain at room temperature) for the individual's nutritional supplement or feeding system (e.g., 'closed' feeding system or 'open' feeding system). | |
| 13. | Knows how changes in the HCP Orders for Medications via the G or J Tube route are communicated to other staff. | |
| 14. | Knows that a change in the individual's health status requires a review by the HCP. | |

Individual-Specific Training Documentation

The 'Individual-Specific' training must be completed by a Qualified Trainer. An RN or HCP is required to complete the Initial Individual-Specific Training. A trained and qualified LPN may provide subsequent training.

This form may be used for multiple Certified staff.

1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the identified individual.

Certified Staff's Printed

Name: _____ Trainer's Printed Name: _____

Certified Staff's Signature: _____ Trainer's Signature: _____

Date: _____ Trainer's Contact Information: _____

2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the identified individual.

Certified Staff's Printed

Name: _____ Trainer's Printed Name: _____

Certified Staff's Signature: _____ Trainer's Signature: _____

Date: _____ Trainer's Contact Information: _____

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| 3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |
| 9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has the knowledge to administer medication via the G or J Tube to the <u>identified individual</u>. | |
| Certified Staff's Printed Name: _____ | Trainer's Printed Name: _____ |
| Certified Staff's Signature: _____ | Trainer's Signature: _____ |
| Date: _____ | Trainer's Contact Information: _____ |