Training Checklist for Gastrostomy Feeding

Student's Name:	Date:
Persons Trained:	School:
	School Nurse:
G Tube Type: Size:	Position for feeding:
Formula Type: Amount give	
Flush Type: Amount give	
Times during the school day given:	
	1. 1.
During a disaster the times given in a 24 hour per Equipment needed for feeding:	
Equipment needed for feeding.	
Skills checklist	Return Demonstrations Date Date Date Date
1 Cothers equipment weekes hands and note on al-	
1. Gathers equipment, washes hands and puts on gloves 2. Positions child and explains procedure	
3. Opens tube/button and check for proper placement	
4. If ordered, checks for residual and measures and docume	nts amt.
5. Returns residual stomach contents to stomach.	
a. If stomach contents are overcc's subtract forb. If stomach contents are overcc's, hold feed	
6.Clamps off tubing.7.Pours room temperature formula into syringe/ bag, being	careful
not to allow much air to return stomach.	
8. Release or unclamps tube and allows feeding to go in at an appr	ropriate rate.
Raises the syringe to have the feeding go at the faster rate	
Lowers the syringe to have the feeding go at a lower rate.	
9. Adds more formula when feeding gets to 5 cc mark.	
10. Continues this procedure until the feeding has been complete	d
11. Makes feeding like a mealtime for the student	
12. Flushes tube with cc's of water.	
13. Removes syringe and turns to locked or clamped to off position	on.
14. Allows child to remain in a feeding position for 1/2 hour.	
15. Washes equipment with warm soapy water.	
16. Reports any problems to parents and school nurse	
17 Documents procedure and problems in log	