

Chandler Unified School District #80
Gastrostomy Tube Feeding: Gravity Bolus Method Skills Checklist

Trainee Name:		School:	
Trainer Name:		Year:	
		Random Skills Check	
Explanation/Demonstration	Performed Skill: Initial/Date	Initial/Date	Initial/Date
1. Verify Procedure is prescribed for student			
2. Assemble equipment a. Liquid to be given b. 60 ml syringe, or other container for feeding c. Clamp or cap for end of tubing (optional) d. Water (for flush) e. Tape (to secure tubing if necessary) f. Gloves			
4. Position student for feeding- sitting or lying at a 30 degree angle			
5. Wash hands and put on gloves			
6. Attach or unclamp extension tubing to vent G-tube (if prescribed) by inserting the syringe into the tubing.			
7. Attach or unclamp extension tubing and check residual volume (if prescribed) by inserting the syringe into the extension tubing and gently drawing back on the plunger to remove any liquid that may be left in the stomach. Note volume and return residuals to stomach.			
8. Clamp tubing, disconnect the syringe, and remove the plunger from the syringe.			
9. Reinsert tip of syringe into extension tubing.			
10. Unclamp tube, and allow bubbles to escape.			
11. Pour liquid to be given into syringe and allow to flow via gravity, by lifting syringe 6 inches above level of stomach.			
12. Continue to pour feeding into syringe as contents empty into stomach.			
13. When feeding is completed, pour prescribed amount of water into syringe and flush tubing.			
14. Vent g-tube (if prescribed)			
15. Clamp tubing, remove syringe, and reinsert cap to end of extension tubing or remove extension tubing and recap Mic-Key button.			
16. Apply dressing to cover g-tube (if needed)			
17. Remove gloves. Wash hands			
18. If extension tubing is not to be removed, ensure it is secure and tucked inside clothing.			
19. Wash syringe and other reusable equipment in soapy water. Rinse thoroughly, dry, and store in clean area.			
20. Document feeding on Tube Feeding Log sheet.			

Performed task appropriatly (Yes or No if no further evaluation required):			

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Trainee Signature	Date
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Trainer Signature	Date
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