

Chandler Unified School District #80

Gastrostomy Tube Feeding: Pump 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 (if needed) c. Clamp or cap for end of tubing (optional) d. Water (for flush) e. Extension tubing f. Feeding bag set and pump g. Tape (to secure tubing, if necessary) h. 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 end of extension tubing. Clamp tubing and remove syringe when done.			
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. Clamp and remove syringe and extension tubing when done.			
8. Pour feeding liquid into feeding bag and run liquid through bag, tubing and extension tubing until it drips out the tip.			
9. Clamp tubing, and attach extension tubing to Mic-key button.			
10. Set proper flow rate on pump.			
11. Unclamp tubing and run feeding.			
12. When feeding is completed, clamp tubing and stop feeding via pump.			
13. Pour prescribed amount of water into bag and flush tubing. (if prescribed)			
14. Vent g-tube (if prescribed)			
15. Clamp tubing, remove extension tubing and feeding bag, and reinsert cap to 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 bag 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 appropriately ( 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.*

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Trainee Signature	Date
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Trainer Signature	Date
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