

Skills Checklist: Gastrostomy Feeding Continuous or Slow Drip

Student's Name: _____ **Teacher:** _____

Person Trained: _____ **Position:** _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Other Date
Preparation:			
1. Reviews student's IHP for student-specific instructions			
2. Reviews standard precautions			
3. Identifies student's ability to participate in procedure			
4. Identifies where procedure is done (respects privacy)			
5. Identifies possible problems and appropriate actions			
6. Identifies size _____ and type _____ of Gtube			
7. Identifies student-specific instructions for guidelines as to: • _____ time(s) of feeding • _____ ml (amount) • _____ formula (type) • _____ duration (minutes)			
Supplies:			
1. Liquid formula or feeding solution, at room temperature			
2. 60 ml catheter-tipped syringe or other feeding container for feeding			
3. Feeding bag and tubing			
4. Feeding pump and stand or carry-pack, if needed			
5. Clamp or plug for end of tube			
6. Water (to flush tubing before and after feeding)			
7. Rubber bands and safety pins (to secure G-tube to clothing)			
8. Gloves			
Procedure:			
1. Washes hands			
2. Assembles equipment			
3. Shakes formula to mix and measures amount			
4. Positions student and explains procedure			
5. Dons gloves			
6. Inspects skin			
7. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag			
8. Flushes with 15-30 ml water (or as specified)			
9. Inserts tip of tubing into G-tube, secures, and unclamps			
10. Adjusts flow rate			
11. Observes tolerance of feeding			

12. Keeps bag partially filled until feeding complete; does not hang more than 4 hours' worth of feeding at one time			
13. If single feeding completed, disconnects, and flushes with prescribed amount of water, usually 15-30 ml			
14. Opens G-tube to air, if ordered			
15. Clamps tubing, removes syringe, and reinserts plug			
16. Secures tubing			
17. Washes and dries supplies as specified			
18. Washes hands			
19. Documents procedure and observations			
20. Notifies family of any changes			

Procedure approved by: _____
Parent/Guardian signature
Date

I have received and understand the training.

Trainee Signature
Date

Trainer Signature (RN)
Date