

## Gastrostomy Tube (G-Tube)

### Skills Verification Checklist

Task	Parent/Guardian initials	Other initials	Nurse initials	Date
1. Watch G-tube videos on your TV	_____	_____	_____	_____
2. Review G-tube Care Booklet	_____	_____	_____	_____
3. Attend G-tube class	_____	_____	_____	_____
<b>4. Daily site care and dressing changes with tic-tac-toe method</b> <ul style="list-style-type: none"> <li>a. Rotation of the G-tube                             <ul style="list-style-type: none"> <li>i. NEVER rotate a G/J-tube</li> </ul> </li> <li>b. Skin complications and proper fit</li> <li>c. Demonstrate skill on your child with RN supervision</li> </ul>	_____	_____	_____	_____
<b>5. G-tube emergencies</b> <ul style="list-style-type: none"> <li>a. What to do if the G-tube falls out</li> <li>b. Receive emergency/travel supplies from your RN:                             <ul style="list-style-type: none"> <li>- 2 silicone Foley catheters (1 the same size as the G-tube and 1 size smaller)</li> <li>- 5ml slip tip syringe</li> <li>- Small bottle of water</li> <li>- Tape</li> <li>- Lubricating jelly</li> <li>- 2 gauze dressings</li> <li>- Paper towels</li> <li>- Extra G-tube button and extension (provided by homecare company)</li> </ul> </li> </ul>	_____	_____	_____	_____
<b>6. Skills</b> <ul style="list-style-type: none"> <li>a. Putting on extensions                             <ul style="list-style-type: none"> <li>i. Demonstrate skill on your child with RN supervision</li> </ul> </li> <li>b. Flushing the G-tube                             <ul style="list-style-type: none"> <li>i. Demonstrate skill on your child with RN supervision</li> </ul> </li> <li>c. Feeding through the G-tube</li> </ul>	_____	_____	_____	_____

<p>i. Demonstrate skill on your child with RN supervision</p> <p>d. Giving medications through the G-tube</p> <p>i. Demonstrate skill on your child with RN supervision</p> <p>e. Venting through the G-tube</p> <p>i. Demonstrate skill on your child with RN supervision</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>7. Cleaning the ports</p> <p>a. Demonstrate skill on your child with RN supervision</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>8. Receive delivery of home feeding pump and supplies</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Initials/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Initials/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Initials/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Author: Gastroenterology | Approved by Patient Education Committee | Valid through 2024

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