

PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR DELEGATION OF GASTROSTOMY CARE TASKS

Name _____ Birth _____ School/ _____ Delagatee: _____
 Student/Child: _____ Date: _____ Center: _____

<p>*PROCEDURE: ACCIDENTAL REMOVAL OF MIC-KEY OR MINI ONE G-TUBE DEVICE FROM STABLE WELL-HEALED STOMA (more than or equal to 6 weeks since surgery)</p>	<p align="center">Training Record RN Initial & Date</p>
<p>A. STATES NAME AND PURPOSE OF PROCEDURE</p>	
<p>B. PREPARATION</p>	
<p>1. Identifies student's developmental ability to participate in procedure.</p>	
<p>2. Reviews standard precautions.</p>	
<p>3. Identifies symptoms indicating need for action.</p>	
<p>C. IDENTIFIES SUPPLIES</p>	
<p>1. Gloves.</p>	
<p>2. Old gastrostomy tube OR new gastrostomy tube OR Foley catheter (same diameter or smaller than g-tube).</p>	
<p>3. Lubricating jelly, gauze, tape, and syringe.</p>	
<p>D. PROCEDURE</p>	
<p>1. Assembles supplies and places on clean surface.</p>	
<p>2. Washes hands and puts on gloves.</p>	
<p>3. Explains procedure to student.</p>	
<p>4. Rinses old g-tube with water and deflate balloon using syringe, or open new g-tube kit or Foley catheter packaging.</p>	
<p>5. Applies generous amount of lubricating jelly to tip of g-tube.</p>	
<p>6. Inserts gastrostomy button (new or old device) into stoma fully OR insert Foley catheter 2-4 inches into gastrostomy site. DO NOT INFLATE THE BALLOON. Tapes the device to the student's stomach using two strips of medical tape in an "x" pattern. Covers with gauze and secures with additional medical tape.</p>	
<p>7. If unable to insert, do not force. Cover site with dry, sterile gauze and secure with medical tape in an "x" pattern.</p>	
<p>8. Tapes g-tube/Foley catheter to the skin using two strips of medical tape in an "x" pattern. Cover with gauze and secure with additional medical tape.</p>	
<p>9. If needed, places device in plastic bag.</p>	
<p>10. Disposes of gloves and supplies appropriately.</p>	
<p>11. Washes hands.</p>	
<p>E. DOCUMENTATION & COMMUNICATION</p>	
<p>12. Calls parents and RN consultant immediately.</p>	
<p>13. Documents in log.</p>	
<p>14. DO NOT use the g-tube or Foley for feedings until nurse consultant has verified parents have performed one feeding.</p>	
<p>Competency Statement:</p>	<p align="center">Training RN Signature & Initial</p>
<p>PROCEDURE: Describes need for rapid response to accidental feeding tube dislodgement and demonstrates correct procedures for maintaining the stoma tract.</p>	

DELEGATION AUTHORIZATION			
<p>I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.</p>			
Delegatee Signature: _____	Delegation Decision Grid Score _____	Date _____	_____
Delegating RN Signature: _____	Initials _____	Date _____	_____

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RN Initial & Date	<p align="center">Procedure</p> <p align="center">√ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Emergency management response <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegating RN Signature _____ Initials _____