

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM GASTROSTOMY FEEDING SLOW DRIP/CONTINUOUS METHOD**

Name:  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:  
Unlicensed Assistive Personnel (UAP)

<p align="center"><b>GASTROSTOMY FEEDING -SLOW DRIP OR CONTINUOUS METHOD</b></p> <p><i>Brief description</i></p>	<p align="center">Training Record RN Initial &amp; Date</p>
<p><b>A. States purpose of procedure and location.</b></p>	
<p><b>B. PREPARATION</b></p>	
<p>1. Identifies student's developmental ability to participate in procedure.</p>	
<p>2. Reviews standard precautions.</p>	
<p>3. Reviews Individualized Healthcare Plan for instructions/authorizations.</p>	
<p>4. Completes at _____ time(s).</p>	
<p>5. _____ mL(amount)_____ Formula/feeding (type of feeding).</p>	
<p>6. _____ mL (amount) of water prescribed for flush</p>	
<p>7. Feeding to be completed in _____ minutes at a rate of _____ ml/hr.</p>	
<p>8. Places student in a developmentally appropriate position on chair, on bed, or on floor.</p>	
<p>9. Identifies where procedure is done and student's activity level.</p>	
<p>10. Identifies possible problems and appropriate actions.</p>	
<p><b>C. IDENTIFIES SUPPLIES</b></p>	
<p>1. Gastrostomy device/brand _____ (Fr) _____ (cm) _____ Balloon size (mL)</p>	
<p>2. Gloves</p>	
<p>3. Formula at room temperature</p>	
<p>4. 60 mL catheter tipped syringe, if needed for venting.</p>	
<p>5. Feeding pump and pole (if used) device/brand _____</p>	
<p>6. Feeding extension set</p>	
<p>7. Feeding/pump bag</p>	
<p>8. Tap water at room temperature</p>	
<p><b>D. PROCEDURE</b></p>	
<p>1. Gathers equipment. Places on clean surface.</p>	
<p>2. Explains procedure to student.</p>	
<p>3. Maintains developmentally appropriate position (as above in PREPARATION).</p>	
<p>4. Encourages developmental and age appropriate mealtime activities.</p>	
<p>5. Washes hands. Puts on gloves.</p>	
<p>6. Observes for any distention. If stomach looks larger than usual, calls parent and nurse consultant for further instructions.</p>	
<p>7. Vents g-tube, if ordered. Checks residual, if ordered.</p>	
<p>8. Pours formula into pump bag.</p>	
<p>9. Attaches feeding extension set to feeding/pump bag tubing.</p>	

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10. Unclamps feeding/pump bag tubing and feeding extension set, and primes feeding/pump bag tubing and feeding extension set with formula all the way to the tip. Clamps.	
11. If used, hangs feeding container on pole at correct height. If pump is used, places feeding/pump bag tubing into pump.	
12. Sets flow rate.	
13. Opens g-tube safety plug. Inserts feeding extension set into the button.	
14. Opens clamp on feeding extension set and feeding/pump bag tubing. Sets pump to correct rate, volume and time as ordered. Starts pump.	
15. For a continuous feeding, adds more fluid to bag before empty.	
16. Checks rate and flow every _____ minutes. Do not change the prescribed flow rate.	
17. When feeding is finished, clamps feeding/pump bag tubing and feeding extension set.	
18. Disconnects pump/feeding bag from feeding extension set.	
19. Unclamps extension set and flushes with _____ mL of water, as ordered.	
20. Vents g-tube if ordered. Follows procedure guideline for venting gastrostomy tubes.	
21. Disconnects feeding extension set from g-tube and replaces safety plug.	
22. Removes gloves. Washes hands	
23. Refers to Individualized Healthcare Plan for position and activity after feeding.	
24. Washes feeding/pump bag and other reusable equipment with soap and warm water. Rinses thoroughly. Dries and stores in clean area. Stores formulas as instructed.	
<b>E. DOCUMENTATION &amp; COMMUNICATION</b>	
1. Documents feeding/medication, residual amount, and feeding tolerance.	
2. Reports any changes or concerns to family and/or nurse consultant.	
<b>Competency Statement</b>	<b>Training RN Signature &amp; Initial</b>
<b>PROCEDURE:</b> Describes understanding of the need for gastrostomy tube/button feedings and demonstrates correct feeding administration using the slow drip or continuous method as well as the ability to identify and solve potential problems.	

<b>DELEGATION AUTHORIZATION</b>			
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.			
Delegatee Signature: _____	Delegation Decision Grid Score _____	Date _____	
Delegating RN Signature: _____	Initials _____	Date _____	

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RN Initial & Date	<p align="center"><b>Procedure</b></p> <p align="center">√ = acceptable performance</p>	<p align="center"><b>Follow Up/ Supervision Plan / Comments</b></p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> Emergency management response <input type="checkbox"/> Medication administration <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 \_\_\_\_\_