

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Medication Administration Via Gastrostomy Port

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:
Unlicensed Assistive Personnel (UAP)

PROCEDURE: MEDICATION ADMINISTRATION VIA GASTROSTOMY PORT		Training Record RN Initial & Date
A. STATES NAME AND PURPOSE OF PROCEDURE		
B. PREPARATION		
1. Identifies student's developmental ability to participate in procedure.		
2. Reviews standard precautions.		
3. Reviews student's Individualized Healthcare Plan for instructions/authorizations.		
4. Completes at time indicated on Medication Authorization form.		
5. See Medication Authorization form for medications and dosages.		
6. Medications to be administered by slow push unless otherwise ordered.		
7. Places student in a developmentally appropriate position in chair, on bed, or on floor.		
8. Identifies possible problems and appropriate actions.		
C. IDENTIFIES SUPPLIES		
1. Gloves.		
2. Feeding extension set.		
3. Drinking water at room temperature.		
4. Liquid medication(s) drawn up in a slip tip or Luer lock syringe		
5. 10 ml slip tip or Luer lock syringe for water flushes.		
D. PROCEDURE FOR ADMINISTERING MEDICATION DURING A CONTINUOUS/PUMPASSISTED FEED		
1. Gathers equipment. Places on clean surface		
2. Explains procedure to student		
3. Maintains developmentally appropriate position (as above in PREPARATION).		
4. Washes hands. Puts on gloves.		
5. Places pump on "HOLD."		
6. Clamps feeding extension set tubing. Clamps pump bag tubing.		
7. Opens medication port on feeding extension set.		
8. Attaches slip tip or Luer lock syringe with 10 ml water to medication port		
9. Gently flushes feeding extension set with water. Clamps feeding extension set.		
10. Disconnects empty water syringe from medication port of feeding extension set, and attaches medication syringe to medication port.		
11. Unclamps feeding extension set. Administers medication by slow push, unless otherwise ordered.		
12. Draws up 10 ml water in empty syringe, attaches to medication port, and flushes extension set with water		

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| 13. | Repeats steps 10 through 12 for any additional medications, flushing with 10 ml water after each Medication. |
| 14. | After final medication is given, clamps feeding extension set and closes medication port. |
| 15. | Unclamps feeding extension set and pump bag tubing. |
| 16. | Restarts pump. |
| 17. | Stores medications as instructed. |

E. PROCEDURE FOR ADMINISTERING MEDICATION AFTER A BOLUS FEED

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| 1. | Gathers equipment. Places on clean surface. |
| 2. | Explains procedure to student. |
| 3. | Maintains developmentally appropriate position (as above in PREPARATION). |
| 4. | Washes hands. Puts on gloves. |
| 5. | Attaches 10 ml syringe with water to medication port of feeding extension set (keeping main port closed). |
| 6. | Primes feeding extension set with water, and clamps. |
| 7. | Opens g-tube safety plug. |
| 8. | Connects primed extension set to g-tube. |
| 9. | Disconnects empty water syringe and attaches medication syringe to medication port of feeding extension set. |
| 10. | Administers medication by slow push, unless otherwise ordered. Clamps feeding extension set. |
| 11. | Draws up 10 ml water in empty syringe, attaches syringe to medication port, unclamps feeding extension set, and flushes feeding extension set with water. |
| 12. | Repeats steps 9 through 11 for any additional medications, flushing feeding extension set with 10 ml water after each medication |
| 13. | After final medication is given, clamps feeding extension set, disconnects feeding extension set from g-tube, and closes g-tube safety plug. |
| 14. | Removes gloves. Washes hands. |
| 15. | Ensures g-tube is secured. |
| 16. | Refers to student-specific guidelines regarding position and activity after medication administration. |
| 17. | Washes slip tip or Luer lock syringe, feeding extension set, and other reusable equipment with soap and warm water. Rinses thoroughly. Allows to air dry and stores in clean area. |
| 18. | Stores medication(s) as instructed. |

E. DOCUMENTATION & COMMUNICATION

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| 1. | Documents medication, residual amount, and tolerance. |
| 2. | Reports any changes or concerns to family and nurse consultant. |

Competency Statement	Training RN Signature & Initial
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<p>PROCEDURE: Describes understanding of the need for medication administration via gastrostomy tube/button and demonstrates correct medication administration as well as the ability to identify and solve potential problems.</p>	
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DELEGATION AUTHORIZATION

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 _____

RE-DELEGATION AUTHORIZATION 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 _____
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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"/> 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:
	<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 _____