

## SKILLS CHECKLIST FOR GASTRONOMY (G) OR JEJUNOSTOMY (J) FEEDING

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Competency Evaluation	Pass/Fail or N/A	Assessed By: (RN,ARPN name)
1. Knows that only licensed personnel (nurses), and validated unlicensed care providers who have successfully completed Specialized G or J-tube nutrition administration training may administer medications through the G or J-tube.		
2. Knows that another revalidation will need to be completed if an unlicensed certified care provider who has successfully completed specialized training in G or J tube nutrition administration does not administer medications via G/J tube to a recipient for a period of time exceeding six months.		
3. Knows that Nutrition administration Rule guidelines must be followed when administering medication via G or J tube.		
4. Knows what gastrostomy and jejunostomy tubes are and why this recipient has one.		
5. Knows a brand of formula should never be changed without a doctor's order.		
6. Is aware that there are 3 different methods of tube feedings. (Bolus, Continuous, and Intermittent).		
7. Knows that a method of tube feeding, rate and time may not be changed without a doctor's order.		
8. Knows that recipients with tube feedings need to be weighed as directed by RN, ARNP, or Physician.		
9. Knows why water flushes are needed.		
10. Knows that good hand washing and cleanliness of G/J-tube equipment is essential in safe administration of tube feedings and medications.		
11. Knows the importance of elevated position of recipient during feedings, flushes, and nutrition administration.		
12. States what s/he would do if the feeding tube became dislodged or appears to have moved in or out within the first 8 weeks of original placement of the tube. (When tract is well established).		
13. States what s/he would do if the feeding tube became dislodged or appears to have moved in or out after the first 8 weeks of original placement of the tube. (When tract is well established).		
14. Knows the importance of preventing the tube from being pulled.		
15. States what s/he would do if the recipient vomits while		

feeding is being administered.		
16. States what s/he would do if the recipient has breathing difficulty.		
17. States what s/he would do if the recipient had diarrhea.		
18. Able to identify some of the causes of vomiting and diarrhea.		
19. States what s/he would do if stoma site had redness, swelling or purulent drainage.		
20. States what s/he would do and look for if pump alarm says the tube is blocked or that there is an occlusion.		

Signature of RN/ARNP \_\_\_\_\_ Date \_\_\_\_\_

Unlicensed Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_