**Gastrostomy Button Feeding - Slow Drip/Continuous Method with Residual Check Skill Competency Test**

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_**

**Person training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Skills** | **Initial Demonstration** | | **Return Demonstration** | | | | |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| 1. Review healthcare provider’s order including: |  |  |  |  |  |  |  |
| * 1. the type of formula |  |  |  |  |  |  |  |
| * 1. amount |  |  |  |  |  |  |  |
| * 1. infusion type and rate |  |  |  |  |  |  |  |
| * 1. frequency and timing of administration |  |  |  |  |  |  |  |
| * 1. residual volume checks |  |  |  |  |  |  |  |
| * 1. amount of water used to flush the tube |  |  |  |  |  |  |  |
| 1. Explain the procedure to child at his/her level of understanding |  |  |  |  |  |  |  |
| 1. Wash hands |  |  |  |  |  |  |  |
| 1. Assemble equipment and place on a clean surface |  |  |  |  |  |  |  |
| 1. Position child either sitting or supine with head up at least 30 degrees |  |  |  |  |  |  |  |
| * 1. The most significant risk with tube feedings is aspiration of liquid nutrition into the lungs, be sure the student is positioned properly with head elevated at least 30 degrees |  |  |  |  |  |  |  |
| 1. Put on gloves |  |  |  |  |  |  |  |
| 1. Observe abdomen for signs of malposition or obstruction of gastrostomy button such as abdominal distention |  |  |  |  |  |  |  |
| * 1. If student has abdominal distention do not administer feeding and contact parent/guardian and healthcare provider |  |  |  |  |  |  |  |
| 1. Remove cap or plug from Gastrostomy button |  |  |  |  |  |  |  |
| 1. If residual check is ordered: |  |  |  |  |  |  |  |
| * 1. Attach 60 mL catheter tip syringe with plunger to the end of the enteral tube |  |  |  |  |  |  |  |
| * 1. Unclamp the tubing and gently draw back on the plunger to remove any liquid or medication that may be left in the stomach (residuals) |  |  |  |  |  |  |  |
| * 1. Note the amount withdrawn from tube feeding |  |  |  |  |  |  |  |
| * 1. Return residuals to stomach passively (gravity) |  |  |  |  |  |  |  |
| * 1. Clamp the tubing and disconnect the syringe |  |  |  |  |  |  |  |
| 1. Pour feeding/fluids into feeding container/bag, run feeding through tubing to the tip and clamp tubing |  |  |  |  |  |  |  |
| 1. Hang container on pole |  |  |  |  |  |  |  |
| 1. Place tubing into pump and sets flow rate |  |  |  |  |  |  |  |
| 1. Open safety plug and insert tubing into the gastrostomy button |  |  |  |  |  |  |  |
| 1. Open clamp completely |  |  |  |  |  |  |  |
| 1. Program pump to prescribed feeding rate |  |  |  |  |  |  |  |
| 1. When single feeding is completed (bag empty), clamp feeding bag tubing and remove |  |  |  |  |  |  |  |
| 1. Attach catheter-tipped syringe and flushes adaptor tubing and button with 5ml or prescribed water volume |  |  |  |  |  |  |  |
| 1. After flushing, lower syringe below stomach level to facilitate burping, as needed |  |  |  |  |  |  |  |
| 1. Disconnect syringe |  |  |  |  |  |  |  |
| 1. Connect plug to gastrostomy button |  |  |  |  |  |  |  |
| 1. Keep the child in a feeding position for at least 30 minutes after completing feeding, if required |  |  |  |  |  |  |  |
| 1. Wash syringe, feeding bag and tubing with soap and warm water and put in home container |  |  |  |  |  |  |  |
| * 1. Catheter tip syringe and feeding extension tubing can be used repeated times for up to 24 hours |  |  |  |  |  |  |  |
| 1. Remove glove |  |  |  |  |  |  |  |
| 1. Wash hands |  |  |  |  |  |  |  |
| 1. Document assessment, interventions, and outcomes in student’s healthcare record |  |  |  |  |  |  |  |
| 1. Follow up with parents/guardian and healthcare provider, as needed |  |  |  |  |  |  |  |
| 1. Special Considerations: |  |  |  |  |  |  |  |

**Plan for monitoring Gastrostomy Button Feeding - Slow Drip/Continuous Method:**

**School Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Nurse’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**