

PROCEDURE GUIDELINE AND COMPETENCY CHECKLIST FOR DELEGATION OF GASTROSTOMY CARE TASKS

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

<p align="center">*PROCEDURE: ACCIDENTAL REMOVAL OF MIC-KEY OR MINI ONE G-TUBE DEVICE FROM STABLE WELL-HEALED STOMA (more than or equal to 8 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 (DO NOT INFLATE THE BALLOON) OR insert Foley catheter into gastrostomy site (DO NOT INFLATE THE BALLOON). For a child that is less than one year old or if a child of any age has a jejunostomy tube you should insert the Foley catheter 1 inch. For a child over one year of age that has a gastrostomy tube or gastrostomy-jejunostomy tube, you should insert the Foley Catheter 2 inches.</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 until parents have inflated balloon and verified placement.</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

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: _____

Delegatio
Decision
Grid Score

Date _____

Delegating RN Signature: _____

Initials _____ Date _____

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Student/Child:

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Delegatee:

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 _____