TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Gastrostomy Syringe Push Bolus Feed

Name Student/Child | Birth Date: | School/ Center | Delegatee: Unlicensed Assistive Personnel (UAP)

GASTROSTOMY SYRINGE PUSH BOLUS FEED	Training Record **RN Initial & Date**
A. States purpose of procedure and location.	
B. PREPARATION	
1. Identifies student's developmental ability to participate in procedure.	
2. Reviews standard precautions.	
3. Reviews Individualized Healthcare Plan for instructions/authorizations.	
4. Completes at _____time(s).	
5. _____mL(amount)_____ Formula/feeding (type of feeding).	
6. _____mL (amount) of water prescribed to flush the tube.	
7. Feeding to be completed in _____minutes.	
8. Places student in a developmentally appropriate position in chair, on bed, or on floor.	
9. Identifies possible problems and appropriate actions.	
C. IDENTIFIES SUPPLIES	
1. Gastrostomy device/brand: _____(Fr) _____(cm) Balloon size _____mL	
2. Gloves	
3. Formula at room temperature	
4. 60 mL syringe	
5. g-tube extension set.	
6. ___ ml syringe for water flushes, if ordered.	
7. Small glass of tap water at room temperature.	
D. PROCEDURE:	
1. Gathers equipment. Places on clean surface.	
2. Explains procedure to student.	
3. Maintains developmentally appropriate position (as above in PREPARATION).	
4. Encourages developmental and age appropriate mealtime activities.	
5. Washes hands. Puts on gloves.	
6. Observes student's stomach for distention. If stomach looks larger than normal, call parent and nurse consultant for further instructions.	
7. Ensure the g-tube extension set is flushed/primed with water	
8. Opens safety plug. Connects g-tube extension set to the g-tube.	
9. Draw up formula into 60mL syringe. Connects syringe to g-tube extension set	
10. Unclamps g-tube extension set and push _____ mL of formula over _____ minutes, as ordered.	
11. Clamp g-tube extension set and draw up the rest of the formula into the 60mL syringe and repeat steps 9 and 10 until feeding is complete.	
12. Flushes g-tube extension set with _____mL of water after feeding is complete, if ordered.	

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13. Clamp g-tube extension set.	
14. Vents g-tube if ordered. Follows procedure guideline for venting gastrostomy tubes.	
15. Clamps g-tube extension set and removes from g-tube.	
16. Closes safety plug.	
17. Applies dressing, if needed.	
18. Removes gloves. Washes hands.	
19. Refers to Individualized Healthcare Plan for position and activity after feeding.	
20. Washes 60 ml catheter tip syringe, g-tube extension set, and other reusable equipment with soap and warm water. Rinses thoroughly. Allows to air dry and stores in clean area. Stores formulas as instructed	
E. DOCUMENTATION & COMMUNICATION	
1. Documents feeding tolerance. If completed, documents medication administration and venting.	
2. Reports any changes or concerns to family and RN consultant.	
Competency Statement	**Training RN Signature & Initial**
PROCEDURE: Describes understanding of the need for gastrostomy tube/button feedings and demonstrates correct feeding administration as well as the ability to identify and solve potential problems.	

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: _____

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RN Initial & Date	**Procedure** √ = acceptable performance	**Follow Up/ Supervision Plan / Comments**
	☐ Procedure Reviewed ☐ Emergency management response ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: _______ ☐Continue delegation ☐Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ Emergency management response ☐IHP accessible and current ☐Competent performance of procedure(s) per specific guidelines ☐Confidentiality ☐Documentation ☐RN notification of change in status ☐Child/student tolerating procedure well	☐No opportunity to perform task. ☐Simulated emergency response practice. ☐Additional on-site training provided ☐Supervision plan (minimum annually) date: _______ ☐Continue delegation ☐Withdraw delegation Comments:
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Delegating RN Signature ____ Initials ______