

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Gastrostomy Feeding Bolus**

Name  
Student/Child

Birth  
Date:

School/  
Center

Delegatee:  
Unlicensed Assistive Personnel (UAP)

PROCEDURE NAME		Training Record RN Initial & Date
<i>Brief description</i>		
<b>A. States purpose of procedure and location.</b>		
<b>B. PREPARATION</b>		
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.		
<b>C. IDENTIFIES SUPPLIES</b>		
1. Gastrostomy device/brand: _____ (Fr) _____ (cm) Balloon size _____ mL		
2. Gloves		
3. Formula at room temperature		
4. 60 mL catheter tip syringe		
5. Feeding extension set.		
6. 10 ml slip tip or Luer lock syringe for water flushes, if ordered.		
7. Small glass of tap water at room temperature.		
<b>D. PROCEDURE:</b>		
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. Checks residuals, if ordered.		
8. Removes plunger from 60 ml catheter tip syringe. Connects syringe to feeding extension set. Clamps feeding extension set.		
9. Pours formula into 60 ml catheter tip syringe. . Unclamps feeding extension set. Runs formula through feeding extension set to the tip. Clamps feeding extension set.		
10. Opens safety plug. Connects feeding extension set to the g-tube.		
11. Raises 60 ml catheter tip syringe several inches above stomach and unclamps feeding extension set. Allows formula to go in slowly over prescribed duration.		
12. Lowers the 60 ml catheter tip syringe if formula is going too fast.		
13. Continues to pour formula into 60 ml catheter tip syringe as it empties.		
14. Continues this process until the feeding is complete.		
15. Flushes feeding extension set with _____ mL of water after feeding is complete, if ordered.		

*“This document and the information it contains was created by Children’s Hospital Colorado (“CHCO”) to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician’s advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.*

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16. If medications are ordered, administers them after feeding. Follows procedure guideline for medication administration.	
17. Clamp feeding extension set.	
18. Vents g-tube if ordered. Follows procedure guideline for venting gastrostomy tubes.	
19. Clamps feeding extension set and removes from g-tube.	
20. Closes safety plug.	
21. Applies dressing, if needed.	
22. Removes gloves. Washes hands.	
23. Refers to Individualized Healthcare Plan for position and activity after feeding.	
24. Washes 60 ml catheter tip syringe, feeding 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	

<b>E. DOCUMENTATION &amp; COMMUNICATION</b>	
1. Documents feeding tolerance. If completed, documents medication administration and venting.	
2. Reports any changes or concerns to family and RN consultant.	

<b>Competency Statement</b>	<b>Training RN Signature &amp; Initial</b>
<b>PROCEDURE:</b> 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.	

<b>DELEGATION AUTHORIZATION</b>			
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	<p align="center"><b>Procedure</b></p> <p align="center">√ = acceptable performance</p>	<p align="center"><b>Follow Up/ Supervision Plan / Comments</b></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 \_\_\_\_\_