

Gastrostomy Tube (G-Tube)

Skills Verification Checklist

Task	Parent/Guardian initials	Other initials	Nurse initials	Date
1. Watch G-tube videos on your TV	_____	_____	_____	_____
2. Review G-tube Care Booklet	_____	_____	_____	_____
3. Attend G-tube class	_____	_____	_____	_____
4. Daily site care and dressing changes with tic-tac-toe method <ul style="list-style-type: none"> a. Rotation of the G-tube <ul style="list-style-type: none"> i. NEVER rotate a G/J-tube b. Skin complications and proper fit c. Demonstrate skill on your child with RN supervision 	_____	_____	_____	_____
5. G-tube emergencies <ul style="list-style-type: none"> a. What to do if the G-tube falls out b. Receive emergency/travel supplies from your RN: <ul style="list-style-type: none"> - 2 silicone Foley catheters (1 the same size as the G-tube and 1 size smaller) - 5ml slip tip syringe - Small bottle of water - Tape - Lubricating jelly - 2 gauze dressings - Paper towels - Extra G-tube button and extension (provided by homecare company) 	_____	_____	_____	_____
6. Skills <ul style="list-style-type: none"> a. Putting on extensions <ul style="list-style-type: none"> i. Demonstrate skill on your child with RN supervision b. Flushing the G-tube <ul style="list-style-type: none"> i. Demonstrate skill on your child with RN supervision c. Feeding through the G-tube 	_____	_____	_____	_____

<p>i. Demonstrate skill on your child with RN supervision</p> <p>d. Giving medications through the G-tube</p> <p>i. Demonstrate skill on your child with RN supervision</p> <p>e. Venting through the G-tube</p> <p>i. Demonstrate skill on your child with RN supervision</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>7. Cleaning the ports</p> <p>a. Demonstrate skill on your child with RN supervision</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>8. Receive delivery of home feeding pump and supplies</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

Parent/Guardian Signature: _____ Date: _____

Nurse Initials/Signature: _____ Date: _____

Nurse Initials/Signature: _____ Date: _____

Nurse Initials/Signature: _____ Date: _____