

**Division of Developmental Disabilities Services
Competency Evaluation Tool
Enteral Tube Gravity Feeding**

DATE:	STAFF NAME:
SERVICE RECIPIENT:	OBSERVER:

	YES	NO	COMMENTS
1. Checks MAR and/or physician's order.			
2. Completes hand hygiene.			
3. Gathers/assembles necessary equipment.			
4. Explains procedure to service recipient.			
5. Positions service recipient in correct position.			
6. Protects clothing with a barrier.			
7. Applies non-sterile gloves.			
8. Checks expiration date on feeding product. Shakes product well. Wipes top of can prior to opening.			
9. Clamps/Pinches enteral tube before opening enteral tube port to prevent air from entering.			
10. Places plug appropriately to avoid contamination. (as applicable)			
11. While enteral tube is still clamped, places tip of 60cc syringe into end of enteral tube.			
12. Verifies proper placement of the <i>gastrostomy</i> tube as instructed by the HCP if part of the individual's protocol.			
13. Checks gastric residual if indicated.			
14. Pours prescribed amount of water (at least 30cc unless otherwise indicated) in syringe to flush tube and allow to flow into tube, taking care not to allow air to enter tube.			
15. Slowly pours prescribed feeding into barrel of syringe and allows to flow via gravity.			
16. Clamps/pinches tube after administration of feeding to prevent air from entering the stomach.			

	YES	NO	COMMENTS
17. Pours prescribed amount of water flush into syringe (at least 60cc unless otherwise indicated) allows to flow via gravity.			
18. Removes syringe and closes port of feeding tube.			
19. Ensures tube is secured under clothing.			
20. Removes gloves and dispose of properly.			
21. Completes hand hygiene.			
22. Accurately documents that feeding has been given.			

Based on this Competency Evaluation Tool, I _____ have
(Name of RN)

determined that _____ is competent to administer a
(Name of Unlicensed Assistive Personnel)

gravity feeding via enteral tube to : _____.
(Name of Service Recipient)

_____ *Signature of RN* _____ *Date*

_____ *Signature of Unlicensed Assistive Personnel* _____ *Date*

1.1.2023