

Division of Developmental Disabilities Services

Community Services

Health Care Services Protocol # 2

Enterostomy Tube Management Guidelines

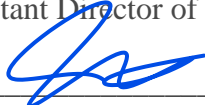
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Original Date: January 2006

Revised by: Lisa Graves, Consultative Nurse Workgroup,
Kami Giglio-Assistant Director of Community Services

Revision Date: January 2023

Approved by: _____



Date: 3/8/2023

I. Objective:

To provide safe and effective care to service recipients who live in a residential habilitation service setting, or who live in the community and attend a day service, who have an enterostomy tube for the purposes of receiving feedings, hydration, and/or medications.

II. Policy:

Service recipients who have an enterostomy tube for the purposes of receiving feedings, hydration, and/or medications and who live in a residential habilitation service setting or live in the community and attend a day service program, will be assisted in enterostomy care only by a registered nurse or their delegate, as described in this protocol.

III. Application:

- All service recipients who have an enterostomy tube receiving Residential Habilitation services from the Division of Developmental Disabilities Services (DDDS).
- All service recipients who have an enterostomy tube receiving Day and Employment services authorized by DDDS.
- DDDS Community Services staff and contracted Targeted Case Management staff.
- Authorized Residential Habilitation, Day Services, and Nurse Consultation Providers.

IV. Definition:

- A. Enteral/Enterostomy Tube - A medical device placed into the stomach or small intestine via a surgical procedure whose purpose is to provide nutrition, hydration, and/or medications. A gastrostomy tube, otherwise referred to as a G-tube, is placed into the stomach. A jejunostomy tube, otherwise referred to as a J-tube, is placed into the jejunum which is the last part of the small intestines.

V. Standards:

1. Shared Living

a. Scope of Service

- i. The Delaware Board of Nursing advised the Division of Developmental Disabilities Services (DDDS) in a letter dated May 1, 1991, “that a foster parent in a foster home is considered the same as a private home parent, and thus is eligible as any family member to be taught and participate in care.” (Exhibit H)
- ii. Again, on January 16, 2002, the Board of Nursing advised that the Division had the most recent information when asked if foster care providers/Shared Living providers may give enteral tube feedings and assist with medications by tube. (Exhibit K)
- iii. Shared Living Providers (SLP) may assist service recipients residing in the SLP’s home with feedings, hydration, and medications via an enteral tube.
- iv. As of the date of this protocol, there are two (2) service recipients with an enteral tube each residing with an SLP who is not a Registered or Licensed Practical Nurse. These two placements are “grandfathered in” and these two SLPs may continue to provide nutrition, hydration, and/or medications following the standards as outlined in this protocol and following best practices related to enteral tubes as long as the currently supported service recipient remains in their care.
- v. As of the date of this protocol, any new Shared Living placements of a service recipient who has an enteral tube will be with a licensed nurse only.
- vi. The assigned Consultative Nurse’s role with the SLP is to provide technical assistance and be a resource for the community healthcare provider.

b. Training for Non-Nurse Shared Living Providers

- i. SLPs are provided annual training to ensure they can safely provide feedings, hydration, and/or medications for the service recipient(s) they support.
- ii. Annually, any SLP supporting a service recipient with an enteral tube who is not a licensed nurse will obtain a prescription from the community health care provider (HCP) that manages the service recipient’s enteral tube for a Home Health Agency (HHA) nurse to provide any necessary training and to complete an annual competency evaluation. The service recipient, family, guardian, or surrogate decision maker will choose the HHA they prefer for these services.
- iii. The HHA nurse will ensure that the SLP completes a return demonstration of the enteral tube skills that they will be performing for the service recipient. Documentation will be completed on the Competency Evaluation Tools attached or the HHA’s equivalent forms (Exhibits C-G). These documents will be attached to the Risk Section of the service recipient’s Person Centered Plan (PCP).
- iv. Any enterostomy tube curriculum utilized to train Shared Living Providers in the provision of feeding, hydration, and/or medications via an enterostomy tube will contain at a minimum the following components:
 1. General overview of how enterostomy tube medication administration relates to Shared Living Medication Administration (SLMA).
 2. Purpose of enterostomy tubes.
 3. Overview of various kinds of enterostomy tubes.
 4. Overview of different methods of tube feedings (bolus, continuous, intermittent).
 5. Overview of how to use enteral tube equipment including any information provided by the Durable Medical Equipment company.
 6. Importance of clean technique and how to clean equipment.
 7. Maintenance of enterostomy tubes.

8. Positioning issues with enterostomy tubes as well as specific positioning instructions for each service recipient as outlined in his/her Electronic Comprehensive Health Assessment Tool (ECHAT), Significant Medical Conditions (SMC) and Medical Alert form.
 9. Overview of signs and symptoms of enterostomy tube problems including: enterostomy tube dislodgement, enterostomy tube occlusion, diarrhea, respiratory difficulty, vomiting, site inflammation/infection/drainage and individual protocols to manage such problems as part of his/her PCP, Medical Alert form and SMC.
 10. How to prepare different forms of medications for administration via enterostomy tubes.
 11. Overview of residual checks and enteral tube placement verification as directed by the service recipient's HCP.
 12. Safe management and storage of formula and equipment including protocol regarding length of time a specific formula may hang for a specific service recipient and reuse of equipment.
- v. Service recipient-specific training regarding all of the above, including on-site return demonstration by the SLP and observed by the HHA nurse, shall be documented on the Competency Evaluation Tool or the HHA's equivalent forms (Exhibits C-G).
 - vi. The Competency Evaluation Tools will be left with the SLP to be given to the Consultative Nurse. The Consultative Nurse will file the competency tools in the Risk section of the service recipient's PCP.
 - vii. A complete set of written materials used to train staff must be maintained at the Shared Living home.
- c. Shared Living Provider Qualifications
- i. The Shared Living Provider is required to have the following qualifications to continue to be eligible to provide feedings, hydration, and/or medications to a service recipient with an enterostomy tube:
 1. A current Shared Living Medication Administration" training-status in good standing.
 2. A current CPR and First Aid certification in good standing.
 3. Demonstrated ability to count and record respiratory rate and pulse rate.
 4. Successful completion of an annual 'Feeding, Hydration, General Knowledge, and/or Medication Assistance via Enterostomy Tube' return demonstration using the appropriate Competency Evaluation Tool(s).
 - ii. If an enteral tube trained SLP is involved in a substantiated incident involving a service recipient with an enterostomy tube, then that SLP can only be allowed to resume such duties at the discretion of the Director of Service Integrity and Enhancement. Additional training would be required, as deemed appropriate and necessary.
 - iii. The Director of Service Integrity and Enhancement is responsible for:
 1. the oversight that ensures that the training and demonstrations are done in a timely fashion, and
 2. that untoward events are addressed.
 - iv. The Assistant Director of Community Services provides consultation to Service Integrity and Enhancement, the Consultative nurse, and the HHA nurses, as needed, for this protocol.
- d. Required Documentation
- i. For service recipients who have an enterostomy tube that reside in a Shared Living setting with an SLP who is not a licensed nurse, the assigned Consultative Nurse will complete the DDDS Enterostomy Tube Information Form and have the service

recipient's community health care provider who is responsible for managing the enteral tube sign it. This form will be attached to the Risk Section of the service recipient's PCP (Exhibit B).

- ii. Service recipients cannot be enrolled into this health care services protocol until the enterostomy area is healed and matured. For the purpose of this protocol, healed and matured is defined as at least six (6) months after enteral tube placement. Until the enterostomy area is healed and matured, a nurse must perform all care and treatment.
- iii. The Enterostomy Tube Information form (Exhibit B) is to be completed and signed at least every 365 days and as changes occur. The form is to be attached to the Risk Section of the service recipient's PCP by the Consultative Nurse.
- iv. A Nursing Enteral Tube Form will be completed annually at the time of the service recipient's ECHAT annual review by the Consultative Nurse. This form will be attached to the Risk Section of the service recipient's PCP (Exhibit A).
- v. All prescribed feedings, hydration and medications will be documented on the Monthly Medication Record by the SLP. This form will be given to the Consultative Nurse monthly.

2. Neighborhood Group Home or Community Living Arrangement

a. Scope of Service

- i. For service recipients requiring nutrition, hydration and/or medications via an enteral tube in a Neighborhood Group Home (NGH) or Community Living Arrangement (CLA) residential settings, only private duty HHA nurses are permitted to provide this service.
- ii. Unlicensed Assistive Personnel (UAP) shall not assist with nutrition, hydration or medications passed through feeding tubes in NGH or CLA (Exhibit L).

b. Required Documentation

- i. A Nursing Enteral Tube Form will be completed annually, at the time of the service recipient's ECHAT annual review by the Consultative Nurse. This form will be attached to the Risk Section of the service recipient's PCP (Exhibit A).
- ii. All prescribed feedings, hydration, and medications must be transcribed on the service recipient's MAR and initialed by the nurse completing, or on an equivalent form used by the HHA nurse.

3. Day Services

a. Scope of Service

- i. Services rendered should support the maximum involvement possible in the day programming activities.
- ii. Unlicensed assistive personnel (UAP) shall not assist with medications passed through enteral tubes (Exhibit L). Only licensed nurses will provide medications via an enteral tube in a day program setting.
- iii. RNs may choose to delegate selected nursing duties as outlined by Title 24, Regulated Professions and Occupations, Delaware Administrative Code, Division of Professional Regulations, 1900 Board of Nursing 7.5.6 Delegation. Enteral Tube feedings and/or hydration may be delegated by the Day Service's Registered Nurse for a service recipient with an established (for the purpose of this protocol, established is defined as at least six (6) months after enteral tube placement) gastrostomy and jejunostomy tube.
- iv. The Day Service Provider's Registered Nurse must follow all delegation requirements outlined in the Delegation Conditions, Criteria, and Exclusions sections of the Administrative Code when delegating tasks of enteral feedings or water flushes.

- v. The Day Service Provider's RN must be willing to delegate the task of administering enteral feedings and flushes to the UAP and must monitor to ensure delegated tasks are performed appropriately, in accordance with Delaware Code.
- b. Training
 - i. The Day Services Provider's Registered Nurse will ensure that the day program staff performing the delegated tasks complete, at a minimum, an annual return demonstration of the enteral tube skills that they are performing for the service recipient(s). Documentation will be completed on the Competency Evaluation Tools attached and any other training voucher for other trainings completed. (Exhibits C, D, E, and G, as applicable). The competencies should be maintained in the Employee's Personnel file with the Day Service Provider.
 - ii. Any UAP providing services under this protocol will complete the same training requirements as stated in Section 1 (Shared Living). Training and evaluation will be provided by the Day Services Provider's Registered Nurse.
- c. Required Documentation
 - i. Any UAP providing services under this protocol will complete the same documentation requirements as stated in Section 1 (Shared Living).
 - ii. All prescribed feedings and hydration assisted with during the day program must be transcribed on the service recipient's MAR and initialed by the staff completing.
 - iii. All medications assisted with during the day program must be transcribed on the service recipient's MAR and initialed by the RN completing.
 - iv. The current Nursing Enteral Tube Form will be maintained in the service recipient's record the day programming site.

4. Case Exceptions

- a. It is known that there will be cases that do not fall into any of the above settings. These cases will require a more individualized approach based on placement, medical circumstances and/or the ability to self-direct services. All aspects of managing the service recipient's enteral tube needs, including training and documentation, will be determined at the time the case is identified. Best practice and safety will prevail. These cases will need the input of the provider agency and DDS administration. Any individualized approach that does not fall within the parameters of this protocol must be clearly and fully documented in the service recipient's PCP and annual nursing documents and individual protocols (ECHAT, SMC, Medical Alert) and reviewed annually to ensure the individual approach is still the best approach for the service recipient.

5. General Standards

- a. Discussion with the Assistant Director of Community Services must occur prior to any residential placement of an individual with an enteral tube.
- b. This protocol does not address the replacement of dislodged gastrostomy tubes. As noted in the Delaware Board of Nursing Position Statement (Exhibit I) the Board of Nursing deems the replacement of a Gastrostomy Tube an advanced procedure within the scope of nursing practice. Non-health care providers should not change gastrostomy tubes in community settings. Jejunostomy tubes should not be replaced in community settings. Replacing them requires a medical setting.
- c. Any service recipient with an enterostomy tube must have a gastroenterologist, surgeon, or certified nurse specialist in enterostomal nursing overseeing the medical management of the enterostomy tube.

- d. Any non-urgent discontinuance of an enterostomy tube requires a written order from the community health care provider medically managing the case. Such removals should be done by the licensed health care provider overseeing the medical management of the enterostomy tube or one of their associates.

VI. References:

Delaware Board of Nursing Limited Lay Administration of Medication (LLAM); 2019

Bankhead, R., Boullata, J., Brantley, S., et al. (2009). *Enteral nutrition practice recommendations*. Journal of Parenteral and Enteral Nutrition, 33 (2). Retrieved from: [A.S.P.E.N. Enteral Nutrition Practice Recommendations \(wiley.com\)](http://www.aspen.org/Portals/0/PDFs/Enteral_Nutrition_Practice_Recommendations.pdf)

Department of Developmental Services Health Services Nursing Directors, State of Connecticut, Nursing Protocol. (2009). *Care of persons with gastrostomy tubes*. Retrieved from: [NP 09-Gastrostomy Tubes \(ct.gov\)](http://www.ct.gov/dshhs/nursing/protocols/gastrostomy_tubes.pdf)

Division of Developmental Disabilities, Illinois Department of Human Services, (2021). *Enteral tube policy*. Retrieved from: [IDHS: Enteral Tube Policy \(state.il.us\)](http://www.idhs.gov/IDHS-Enteral-Tube-Policy)

Title 24 Regulated Professions and Occupations, Delaware Administrative Code, Department of State, Division of Professional Regulation, 1900 Board of Nursing. (2022). Retrieved from: [1900 Board of Nursing \(delaware.gov\)](http://www.delaware.gov/govinfo/title24)

VII. Exhibits:

- A.** DDDS Nursing Enteral Tube Form
- B.** DDDS Enterostomy Tube Information Form for Shared Living Providers (Non-Nurses)
- C.** Competency Evaluation Tool for Enteral Tube Water Flushes/Hydration
- D.** Competency Evaluation Tool for Enteral Tube Continuous Feeding, Discontinuation of Feeding and Flush
- E.** Competency Evaluation Tool for Enteral Tube Gravity Feeding
- F.** Competency Evaluation Tool for Enteral Tube Medication Administration for Shared Living
- G.** Competency Evaluation Tool for General Knowledge of Enteral Tubes
- H.** Letter from Delaware Board of Nursing dated May 1, 1991
- I.** Delaware Board of Nursing Position Statement: Replacement of Gastrostomy Tube
- J.** E-mail from Delaware Board of Nursing dated 3/11/2001
- K.** E-mail from Delaware Board of Nursing dated 1/16/2002



Division of Developmental Disabilities Services
Community Services

Nursing Enteral Tube Form

Service Recipient: _____ MCI Number: _____

Healthcare Provider: _____ Date of Tube Placement: _____

Reason for Placement: _____

Enteral Tube Information:

G-tube or J-tube: _____ Type of Tube: _____

Amount of Water in Balloon: _____ Size of Tube: _____

Enteral Tube Utilized for (check all that apply): Feedings Hydration Medications

Other Information: _____

Feeding Bag/Container Information:

Type of Feeding Bag/Container: _____ How Often Changed: _____

Equipment Needed to Hang Feeding Bag/Container: _____

Feeding Pump Information:

Pump Type: _____

If Pump Malfunctions Contact: _____

Cleaning Instructions: _____

Enteral Tube Routine Changes/Replacement:

How Often is Tube Changed: _____ Who Changes: _____

Special Instructions for Tube Changes: _____

Who Consents for Tube Changes: _____ Number: _____

Who to Contact in Case of Emergency Related to the Enteral Tube and/or Enteral Tube Needs to be Replaced: _____

Other Equipment Used: NO YES (If YES Continue)

Name of Equipment: _____

How Often Cleaned: _____

How Cleaned: _____

Other: _____

Page 2 of 2, Nursing Enteral Tube Form

Enteral Tube Supplies are Purchased/Obtained From: _____

Positioning During Tube Feedings/Hydration/Medications: _____

Special Information/Instructions You Need to Know for Medication Administration: _____

Potential Problems to Watch for or Special Instructions: _____

Who to Contact with any Concerns, Questions, or Changes Observed: _____

Who to Contact in Case of Emergency Related to the Enteral Tube: _____

Signature of Consultative Nurse

Date



Division of Developmental Disabilities
Enterostomy Tube Information Form
Shared Living Provider (Non-Nurses)

Name of Service Recipient: _____ MCI#: _____

Check Type of Tube: Gastrostomy _____
 Jejunostomy _____

Date of Tube Placement (approximate if necessary): _____

Check Reason for Placement of enterostomy tube:

Dysphagia _____ Chronic aspiration _____
Choking _____ Nutritional Concerns _____
Hydration Concerns _____ Unknown _____
Other (Please specify) _____

Does this person?
Receive feedings via their enterostomy tube? Yes No
Receive hydration via their enterostomy tube? Yes No
Receive routine water flushes? Yes No
Receive medications via their enterostomy tube? Yes No

I am aware that the Division of Developmental Disabilities Services (DDDS) has determined that _____ has successfully completed training and
Name of Shared Living Provider
demonstrated competency relative to the feedings, hydration, and/ or administration of medication for _____
Name of Service Recipient Receiving Services

via the following route:
Gastrostomy Yes No Jejunostomy Yes No

Printed Name of Healthcare Provider

Signature of Healthcare Provider

Date of Signature

**Division of Developmental Disabilities Services
Competency Evaluation Tool
Enteral Tube Water Flushes/Hydration**

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 the service recipient.			
5. Positions service recipient in correct position.			
6. Protects clothing with a barrier.			
7. Applies non-sterile gloves.			
8. Clamps/Pinches enteral tube before opening enteral tube port.			
9. Places plug appropriately to avoid contamination. (as applicable)			
10 While enteral tube is still clamped, places tip of 60cc syringe into end of enteral tube.			
11. Verifies proper placement of the <i>gastrostomy</i> tube as instructed by the HCP if part of the service recipient's protocol.			
12. Checks gastric residual if indicated.			
13. Pours prescribed amount of water into syringe and allows to flow into tube.			
14. Clamps/pinches tube after administration of water to prevent air from entering tube.			
15. Removes syringe and closes port of feeding tube.			
16. Ensures tube is secured under clothing.			
17. Removes gloves and dispose of properly.			
18. Completes hand hygiene.			
19. Accurately documents that flush/hydration has been given.			

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

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

flushes/hydration via Enteral tube to : _____.
(Name of Service Recipient)

Signature of RN *Date*

Signature of Unlicensed Assistive Personnel *Date*

**Division of Developmental Disabilities Services
Competency Evaluation Tool
Enteral Tube Continuous Feeding, Discontinuation of Feeding and Flush**

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. Marks feeding bag with name, date, time, product, amount, and rate.			
7. Checks expiration date on feeding product. Shakes product well. Wipes top of can prior to opening. Pours feeding product into enteral feeding set and secures cap. (No more than a 12-hour supply poured)			
8. Primes feeding product through tubing to remove air.			
9. Protects clothing with a barrier.			
10. Applies non-sterile gloves.			
11. Clamps/Pinches enteral tube before opening enteral tube port.			
12. Places plug appropriately to avoid contamination. (as applicable)			
13. While enteral tube is still clamped, places tip of 60cc syringe into end of enteral tube.			
14. Verifies proper placement of the <i>gastrostomy</i> tube as instructed by the HCP if part of the service recipient’s protocol.			
15. Checks gastric residual if indicated.			
16. Pours 30 cc of water (unless otherwise ordered) into syringe to flush tube prior to starting the feeding .			

	YES	NO	COMMENTS
17. Clamps/pinches tube after administration of water to prevent air from entering tube.			
18. Removes syringe and connects feeding bag tubing to enteral tube.			
19. Sets desired rate on feeding pump.			
20. Ensures tube is secured under clothing.			
21. Removes gloves and dispose of properly.			
22. Completes hand hygiene.			
23. Accurately documents that feeding has been hung and started.			

Discontinuation of Feeding

	YES	NO	COMMENTS
1. Verifies by checking MAR/physician's order that feeding is to be stopped.			
2. Completes hand hygiene.			
3. Turns dial on pump to the "hold" position.			
4. Pours 60 cc (unless otherwise ordered) into feeding bag.			
5. Primes feeding bag tubing.			
6. Sets rate on feeding pump (if different from feeding product rate) and turn pump back to run.			
7. Turns dial to off when flush is completed and pump beeps indicating empty.			
8. Completes hand hygiene.			
9. Applies non-sterile gloves			
10. Clamps/pinches enteral tube.			
11. Disconnects enteral tube from feeding bag tubing. If feeding bag is to be used again, ensures tubing does not get contaminated.			
12. Closes port and unclamps enteral tube.			
13. Ensures tube is secured under clothing.			
14. Removes gloves and dispose of properly.			
15. Completes hand hygiene.			

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

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

continuous feeding and discontinuation of feeding via Enteral tube to : _____.
(Name of Service Recipient)

Signature of RN

Date

Signature of Unlicensed Assistive Personnel

Date

**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*

Division of Developmental Disabilities Services
Competency Evaluation Tool
Enteral Tube Medication Administration
TO BE USED for SHARED LIVING NON-
NURSES ONLY

DATE:	STAFF NAME:
SERVICE RECIPIENT:	OBSERVER:

	YES	NO	COMMENTS
1. Follows all aspect of the DDDS Shared Living Medication Administration curriculum.			
2. Checks MAR and/or physician's order.			
3. Completes hand hygiene.			
4. Gathers/assembles necessary equipment.			
5. Prepares medications for administration by crushing/opening each tablet/capsule and mixing separately with a minimum of 15 cc of water (unless otherwise ordered). Liquid medications are also to be poured separately and mixed with a minimum of 15 cc of water (unless otherwise ordered).			
6. Explains procedure to service recipient.			
7. Positions service recipient in correct position.			
8. Protects clothing with a barrier.			
9. Applies non-sterile gloves.			
10. Clamps/Pinches enteral tube before opening enteral tube port to prevent air from entering.			
11. Places plug appropriately to avoid contamination. (As applicable)			
12. While enteral tube is still clamped, places tip of 60cc syringe into end of enteral tube.			
13. Verifies proper placement of the <i>gastrostomy</i> as instructed by the HCP if part of the service recipient's protocol.			

	YES	NO	COMMENTS
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. Pours medication into syringe using same technique as with water. Each medication is to be administered separately with a minimum of 15 cc of water between each medication (unless otherwise ordered).			
16. Pours prescribed amount of water into syringe (at least 30cc unless otherwise indicated) to flush tube after medication administration.			
17. Clamps/pinches tube after administration of medications to prevent air from entering the stomach.			
18. Removes syringe and closes the port of the feeding tube.			
19. Ensures tube is secured under clothing.			
20. Removes gloves and dispose of properly.			
21. Completes hand hygiene.			
22. Accurately documents that medications have been given.			

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

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

medications via enteral tube to: _____.
(Name of Service Reipient)

Signature of RN

Date

Signature of Unlicensed Assistive Personnel

Date

**Division of Developmental Disabilities Services
Competency Evaluation Tool
General Knowledge of Enteral Tubes**

DATE:	STAFF NAME:
SERVICE RECIPIENT:	OBSERVER:

	YES	NO	COMMENTS
1. Know that only nurses (RN and/or LPN) and SLMA trained Shared Living Provider staff, who have successfully completed specialized enteral tube medication administration training may administer medications through an enteral tube.			
2. Knows that competency evaluations will need to be completed annually for Shared Living staff person who has successfully completed specialized training in enteral tube medication administration.			
3. Knows that SLMA policy must be followed when administering medications via enteral tube.			
4. Knows what gastrostomy and jejunostomy tubes are and why this service recipient has one.			
5. Knows a brand of formula must never be changed without a healthcare provider's order.			
6. Is aware that there are 3 different methods of tube feedings. (Bolus, Continuous, and Intermittent)			
7. Knows that a method of tube feeding, rate, time, and amount cannot be changed without a healthcare provider's order.			
8. Knows why water flushes are needed.			
9. Knows that good hand hygiene and cleanliness of the enteral tube equipment is essential in safe administration of tube feedings, hydration, and medications.			
10. Knows the importance of proper positioning of the individual during and after feedings, hydration, and medication administration.			

	YES	NO	COMMENTS
11. Knowledgeable of procedure to follow if enteral tube becomes dislodged or appears to have moved.			
12. Knows the importance of preventing the tube from being pulled.			
13. Knowledgeable of procedure to follow if a service recipient vomits while feeding is being administered and is able to identify some causes of vomiting.			
14. Knowledgeable of procedure to follow if a service recipient has difficulty breathing.			
15. Knowledgeable of procedure to follow if a service recipient has diarrhea and is able to identify some causes of diarrhea.			
16. Knowledgeable of procedure to follow if redness, swelling, and/or drainage noted at the stoma site.			
17. Knowledgeable of how to operate the feeding pump. Including what to do if pump indicates the tube is blocked or there is an occlusion.			

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

determined that _____ has the general knowledge of
(Name of Unlicensed Assistive Personnel)

enteral feeding tubes: _____.
(Name of Service Recipient)

Signature of RN

Date

Signature of Unlicensed Assistive Personnel

Date

BOARD OF ELECTRICAL EXAMINERS
 REAL ESTATE COMMISSION
 BOARD OF PILOT COMMISSIONERS
 BOARD OF ACCOUNTANCY
 REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
 BOARD OF EXAMINERS OF ARCHITECTS
 BOARD OF CHIROPRACTIC EXAMINERS
 BOARD OF COSMETOLOGY & BARBERING
 BOARD OF DENTAL EXAMINERS
 BOARD OF MEDICAL PRACTICE
 BOARD OF NURSING
 BOARD OF EXAMINERS IN OPTOMETRY
 BOARD OF PHARMACY
 EXAMINING BOARD OF PHYSICAL THERAPIST
 BOARD OF PODIATRY
 BOARD OF ADULT ENTERTAINMENT
 GOVERNOR'S MAGISTRATE
 SCREENING COMMITTEE



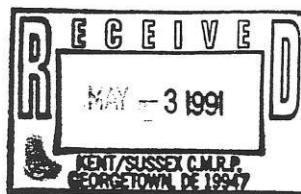
STATE OF DELAWARE
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 DIVISION OF PROFESSIONAL REGULATION
 MARGARET M. O'NEILL BUILDING
 P.O. Box 1401
 DOVER, DELAWARE 19903

PRIVATE EMPLOYMENT AGENCIES
 THOROUGHBRED RACING COMMISSION
 ATHLETIC COMMISSION
 GAMING CONTROL COMMISSION
 BOARD OF REGISTRATION GEOLOGISTS
 BOARD OF LANDSCAPE ARCHITECTURE
 DEADLY WEAPONS DEALERS
 BOARD OF EXAMINERS OF PSYCHOLOGISTS
 BOARD OF FUNERAL SERVICE
 PRACTITIONERS
 BOARD OF VETERINARY MEDICINE
 BOARD OF EXAM. OF NURSING HOME ADMIN.
 BOARD OF EXAM. OF SPEECH, PATHOLOGY &
 AUDIOLOGY
 BOARD OF SOCIAL WORK EXAMINERS
 BOARD OF OCCUPATIONAL THERAPY
 BOARD OF PROFESSIONAL
 COUNSELORS

TELEPHONE: (302) 736-4522

May 1, 1991

Marianne Smith
 Regional Administrator
 Kent/Sussex, CMRP
 Division of Mental Retardation
 Rt. 4, Box 1000
 McMullen Building
 Georgetown, DE 19947



Dear Ms. Smith:

The Board has again reviewed the 1987 "Opinion on delegation of the skill of gastrostomy tube feedings" and continues to uphold the position as written. The reference to an unlicensed person, namely an aide, was discussed as to applicability to the care giver in a foster home. After consultation with counsel, the Board determined that a foster parent in a foster home is considered the same as a private home parent, and thus is eligible as any family member to be taught and participate in care.

If you need to further discuss, please write or call me at 739-4522.

Sincerely,

Iva J. Boardman RN, MSN

Iva J. Boardman, RN, MSN
 Executive Director
 Delaware Board of Nursing

IJB/kb



Delaware Board of Nursing
861 Silver Lake Boulevard, Cannon Building, Suite 203
Dover, DE 19904-2467
Phone: (302) 744-4500

Office of the Executive Director

Iva Boardman, RN, MSN

POSITION STATEMENT: REPLACEMENT OF GASTROSTOMY TUBE

The Board of Nursing deems the replacement of a Gastrostomy Tube within the scope of Professional and Practical Nursing. The procedure is recognized as an advanced procedure requiring specialized knowledge, judgement, and skill derived from the principles of biological, physical, and behavioral sciences. It is intended that the replacement of a Gastrostomy Tube be done only under the following conditions and fulfillment of all prerequisites.

Conditions:

1. Replacement can only occur into a well established open pathway.
2. Replacement catheter can only be a balloon-type indwelling catheter.
3. Size of replacement catheter and balloon is specified in physician's orders.

Prerequisites:

1. Documentation of inservicing by a licensed qualified Physician or nurse who has demonstrated competence in the procedure in current practice. R.N. Enterostomal Therapists are recommended to provide inservicing.
2. Documentation of return demonstration X 3 in presence of qualified individual will be maintained in the facility.
3. Awareness of potential complications.
4. Demonstration of plan of action to correct complications.

Approved by the Delaware Board of Nursing 03/21/1990

Exhibit J

To: Nancy Calloway@CMRF@DHSSStockley
From: IVA BOARDMAN@BOARD@PROF REG
Certify: N
Priority: Normal
Subject: re: Tube issue
Date: Sunday, March 11, 2001 at 6:02:21 pm EST
Attached: None

Unlicensed foster homes are not addressed in the Nurse Practice Act. The Board's only reference to foster families regarding teaching occurred at the March 20, 1991 meeting of the Delaware Board of Nursing when the question was asked regarding gastrostomy feedings by a foster home caregiver. The Board was advised by their attorney at that time that a foster care parent would be considered the same as a private home parent.

I hope that this helps.

Exhibit K

To: Nancy Calloway@CMRP@DHSSStockley
From: IVA BOARDMAN@BOARD@PROF REG
Certify: N
Priority: Normal
Subject: re: Meds by tube
Date: Wednesday, January 16, 2002 at 4:47:07 pm EST
Attached: None

Nancy Calloway@CMRP@DHSSStockley Wrote:

While discussion has occurred that suggests that standards for unlicensed foster homes should not be less than those for licensed foster homes, the info that you have is the the most recent written information.

Hope that htis helps. We did miss you at the meeting, but understand that conflicting schedules do happen. Hope to see you at the February 22, 2002 Informational AWSAM meeting here at 861 silver Lake Blvd, Conference Room A.

Iva Boardman
Delaware Board of Nursing

| Hi Iva!

| I'm sorry I could not attend the AWSAM meeting last Friday
| but an emergency meeting was called down here. Hope
| everything went well.

| I just wanted to check with you about medications by
| tube. I still have the E-mail dated March 11, 2001, which
| stated:

| Unlicensed foster homes are not addressed in the Nurse
| Practice Act. The Board's only reference to foster
| families regarding teaching occurred at the March 20,
| 1991, meeting of the Delaware Board of Nursing when the
| question was asked regarding gastrostomy feedings by a
| foster home caregiver. The Board was advised by their
| attorney at that time that a foster care parent would be
| considered the same as a private home parent.

| I also have a copy of the minutes from the Board's meeting
| of March 20, 1991, with Mr. Feliceangeli's statement
| regarding this situation.

| It is my understanding that after being properly trained
| by appropriate professionals, ensuring supports including
| regular monitoring by a professional, an unlicensed
| foster care provider may give tube feedings and assist
| with medications by tube.

| Is this still current?

