**Plano Independent School District**

**School Health**

**Enteral Feeding Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Campus |  |
| Instructor |  | Date of Training |  | Review Date |  |
|  |  |  |  |  |  |
| In order to administer feedings to students, employees must complete training and demonstrate the ability to perform the following tasks: |
|  |  | TRAINED | REVIEWED |
| 1 | Check feeding orders/IHP and correctly identify student. | [ ]  | [ ]  |
| 2 | Gather equipment - formula, syringe or gravity bag, pump feeding set, extension tubing and water (if ordered). | [ ]  | [ ]  |
| 3 | Wash hands.  | [ ]  | [ ]  |
| 4 | Assemble equipment: | [ ]  | [ ]  |
|  | * Formula at room temperature. If formula has been refrigerated, it can be warmed by setting out for 30 min. prior to feeding, placing container in another container with warm water, or by mixing with additional formula that is at room temperature. Microwaving is not recommended. Shake formula prior to use.
 | [ ]  | [ ]  |
|  | * Feeding set or syringe with extension tubing connected (labeled with student name/date)
 | [ ]  | [ ]  |
|  | * Tap water (unless otherwise stated on Physician Orders or if parent requests bottled water)
 | [ ]  | [ ]  |
| 5 | Encourage student to participate as much as possible. | [ ]  | [ ]  |
| 6 | Position student comfortably as stated in IHP/Physician Order. | [ ]  | [ ]  |
| 7 | Maintain universal precautions throughout procedure. Wash hands and apply gloves. | [ ]  | [ ]  |
| 8 | Observe stoma and skin around device for bleeding, skin breakdown, or leakage – notify nurse if any of the above stated signs are present. | [ ]  | [ ]  |
| 9 | Check for residual, if ordered, by attaching syringe to tube/extension tube and lowering below stomach. Replace residual if indicated. | [ ]  | [ ]  |
| 10 | Prepare feeding: | [ ]  | [ ]  |
|  | * Clean top of formula container prior to opening
* Attach extension tubing to feeding set/syringe
* Close clamp on tubing.
* Pour formula into feeding set/syringe
* Open clamp and prime tubing.
* Re-clamp
 | [ ]  | [ ]  |
| 11 | **G-button** * Open button plug
* Insert primed extension tubing with connected syringe/feeding set
* Turn to lock into place

**For Bolus/Gravity*** Pour formula into syringe until about ½ full
* Unclamp tubing and allow to flow
* Refer to Physician’s Orders for length of feeding
* Adjust flow by changing height of syringe
* Continue to pour formula into bag/syringe until feeding is complete.

**For Continuous/Pump*** Prime tubing as above
* Place tubing in pump
* Refer to feeding orders for length of feeding
* Set rate/flow as ordered
* Elevate the feeding above the level of the stomach.
* Continue to pour formula into bag/syringe until feeding is complete.
 | [ ]  | [ ]  |
| 13 | Never force solution through the tube. If tube is obstructed, DO NOT FEED. | [ ]  | [ ]  |
| 14 | Vent g-button, if ordered, for abdominal distention/discomfort using appropriate supplies. | [ ]  | [ ]  |
| 15 | When feeding nears completion, pour in prescribed amount of water (if ordered) to flush tubing. | [ ]  | [ ]  |
| 16 | If flush prescribed, just prior to water completely clearing the tubing:**For Continuous/Pump*** Turn off machine
* Clamp feeding set tubing and extension tubing
* Remove as instructed below

**For Bolus/Gravity** * Clamp extension

**G-button** * Turn to unlock
* Remove extension tubing and syringe
* Close button plug
 | [ ]  | [ ]  |
| 17 | Observe stoma and skin around device for bleeding, skin breakdown, or leakage – notify nurse if any of the above stated signs are present. | [ ]  | [ ]  |
| 18 | Remove gloves/wash hands. | [ ]  | [ ]  |
| 19 | Rinse equipment with warm water and allow to dry after each feeding. After last feeding of the day, discard feeding set and clean extension tube and syringe with warm water and dish soap. Rinse with water until clean. Air dry with ports open. Store appropriately. Soak in Vinegar/water solution 1:1 on Fridays and as needed to clear obstructed tubing. Rinse after soaking and allow to dry with ports open. | [ ]  | [ ]  |
| 20 | Document feeding. | [ ]  | [ ]  |
| 21 | Allow student to remain upright for 30 minutes after feeding. | [ ]  | [ ]  |

*I have received instructions on the procedures to be followed in the administration of enteral feedings at school following Plano ISD guidelines and understand my responsibilities.*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |
| Instructor Signature |  | Date |  |