



NHS Lothian CHILDREN'S SERVICES

TEACHING GUIDELINES ON G-TUBE AND MONARCH® GASTROSTOMY TUBE

**IN ASSOCIATION WITH PRACTICAL TEACHING
BY A PROFESSIONAL**

NAME: _____

This teaching guideline is a general guide to be used in conjunction with an explanation and a practical session with a qualified healthcare professional.

G-TUBE AND MONARCH® GASTROSTOMY TUBE

This Document Must Not Be Copied

Purpose of this document:

To aid with the instruction of parents/carers of a child/young person with a G-Tube or Monarch® gastrostomy tube, to ensure they can safely care for and use a G-Tube or Monarch® gastrostomy tube.

To provide guidance for staff to ensure consistent and safe approach when caring for a child/young person with a G-Tube or Monarch® gastrostomy tube.

To aid with the instruction of non-health care professionals, to ensure they can safely care for and use a G-Tube or Monarch® gastrostomy tube.

Who should use this document?

All those involved in the instruction and care of children/young people requiring a G-Tube or Monarch® gastrostomy tube.

To whom this document applies: All those involved in the care of children/young people requiring a G-Tube or Monarch® gastrostomy tube.

Contact point for further advice:

Nutrition Nurse Specialist ~ 0131 312 0266

GI Nurse Specialist ~0131 312 0266

CONTACT DETAILS (ALSO ON PAGE 22)

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GI Nurse Specialist		0131 312 0266 (voice mail)	0830-1630 Monday to Friday
Emergency Department RHCYP 'Out Of Hours'		0131 312 0007	24 hours
G.P.			
Dietitian			
Community Nurse NHS Lothian NHS Fife NHS Borders		0131 312 2336 01383 627 047 01896 826 081	
Dalhousie Lochranza Dunvegan Castle Mey Borthwick		0131 312 1330 0131 312 1334 0131 312 1332 0131 312 0092 0131 312 1333	24 hours

Further reference documents:

Braegger C et al. Practical approach to paediatric enteral nutrition: A comment by the ESPGHAN committee on nutrition. Journal of Pediatric Gastroenterology and Nutrition 2010;51(1):110-12

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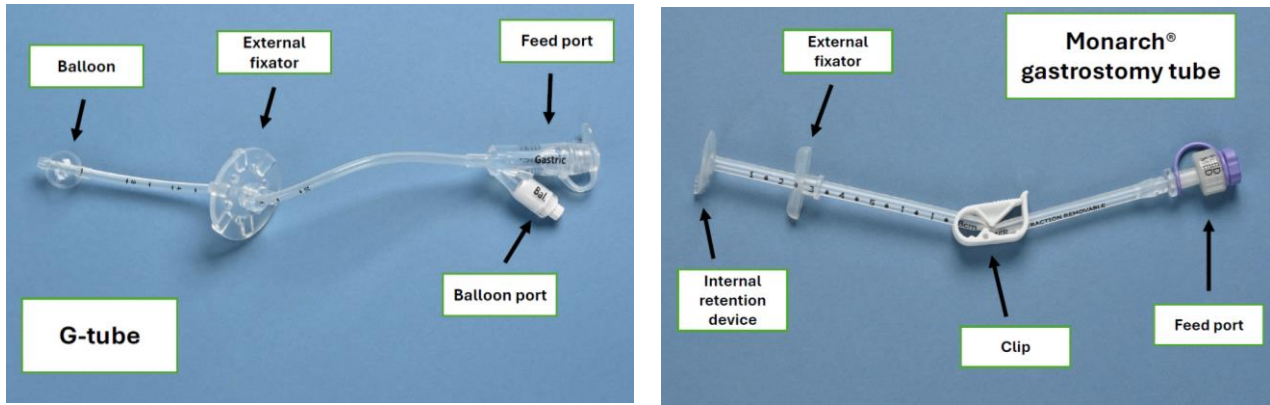
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OBJECTIVES OF THE G-TUBE OR Monarch® GASTROSTOMY TUBE TEACHING GUIDELINE

To enable you:

1. To give feed safely through a G-Tube or Monarch® gastrostomy tube.
2. To give medication safely through a G-Tube or Monarch® gastrostomy tube.
3. To care for a G-Tube or Monarch® gastrostomy tube following the manufacturer guidelines.
4. To safely change a G-Tube.
5. To recognise and manage complications.

Introduction



What is a G-Tube or Monarch® gastrostomy tube?

The G- tube and Monarch® gastrostomy tube are specially designed silicone feeding tubes that are inserted into the stomach through the abdominal wall. This allows liquid feed, water, or medication to be delivered directly into the stomach.

The G- tube is secured in place by an internal inflatable balloon at one end and an external fixator at the other. The child/young person would be measured and fitted for the appropriate size of tube by a healthcare professional.

The Monarch® gastrostomy tube is secured with an internal silicone retention disc at one end and an external fixator at the other.

Your child may have a G-Tube or Monarch® gastrostomy tube placed as their first gastrostomy tube, or they may have had a PEG tube that is then changed to a G-Tube or Monarch® gastrostomy tube. If it is placed as their first gastrostomy tube it may have stitches. Your community nurse will remove these 5-7 days after the gastrostomy tube is inserted.

Serious complications related to gastrostomy tubes are rare and symptoms are usually seen within 72 hours after insertion or tube change.

Symptoms to look out for between 3-5 days of insertion or change include:

- Pain or distress on feeding
- Fresh bleeding from the gastrostomy tract
- Leakage of feed around the tube.

If any of these occur, you should call for advice (Please refer to page 20 for details).

Why does a child/young person need gastrostomy tube feeds?

There are several reasons ~

- They may not be able to feed by mouth.
- They may be unable to take enough food by him/herself to grow adequately.
- They may require overnight gastrostomy feeds to help gain weight or because of certain medical conditions.

What is gastrostomy feeding?

These are administered in two ways:

By gravity (this is known as bolus feeding) ~ A measured amount of feed is given slowly by a syringe over 15-20 minutes.

By pump ~ This may be administered at set times during the day and night or used only overnight. Pumps are designed to allow a steady flow of the feed.

What feed will be given via the gastrostomy tube?

The child/young person's dietitian assesses their overall nutritional needs and make recommendations about specific amounts to be fed over a 24-hour period. This is dependent on the child/young person's weight, height, and age. There are many different preparations of milk feeds and again the dietitian will recommend a specific type suitable for the child/young person. All children/young people will have a feeding care plan completed by a healthcare professional. Other preparations can also be given via this method i.e., water or medication.

How long will the Gastrostomy tube last?

G Tube

The life span of the gastrostomy tube depends on several factors ~

- types of medications/ feeds used.
- volume of water used to inflate the balloon.
- the acidity of the gastric fluid.
- tube care.

A healthcare professional will advise on the length of time the tube can remain in place. You should ensure that you always have a spare gastrostomy tube available for your child.

Monarch®

The life span of the gastrostomy tube depends on several factors ~

- types of medications/ feeds used.
- the acidity of the gastric fluid.
- tube care.

A healthcare professional will advise on the length of time the tube can remain in place. Your child will need to have an operation to change the gastrostomy tube.

PROCEDURE FOR BOLUS FEEDING

Items required for the procedure

- 60ml enteral syringe
- Feed as directed by a dietician
- Cooled boiled water for flushing

**Remember good food hygiene
Feed and equipment must be prepared on a clean surface**

NB. G-tube does not have a clamp so ignore about unclamping/ clamping the tube.

The Procedure

1. Ensure everything you need has been collected and is near to hand.
2. Inform the child/young person that you are now going to start the feed.
3. Position the child/young person in a sitting position. If this is not possible their head should be elevated by at least one pillow. For babies, place the pillow underneath the top of the mattress.
4. Wash and dry hands thoroughly.
5. Open the cover on the feeding port and attach barrel of 60ml enteral syringe to it. Ensure clamp is closed, pour recommended amount of cooled boiled water into barrel.
6. Flush the gastrostomy tube by unclamping the clamp and allowing recommended amount of cooled boiled water to flow in.
7. Once the flush is complete close the clamp.
8. Pour feed into syringe barrel and unclamp.

NB Do not use the plunger to push the water or feed. If it is going in too fast lower the syringe, if it is too slow then raise the syringe. The average time it should take for the feed to run through is 15-20 minutes.

For the first 5 days following insertion of the gastrostomy tube if the child/young person experiences pain on feeding, fresh bleeding, or leakage of feed around the tube feeds should be stopped and you should call for advice (please refer to page 20 for details).

If the child/young person starts coughing or vomiting during the feed, then stop, and restart once they have settled. If they continue coughing or vomiting, then call for advice (please refer to page 20 for details).

9. Once the feed is completed flush the gastrostomy tube with the recommended amount of cooled boiled water. Once complete, close clamp and replace feeding port cover.
10. Wash and store extension set and reusable enteral syringe as per manufacturer's instructions.
11. Wash and dry hands thoroughly.

Unused feed should be stored in a fridge and discarded after 24hrs

PROCEDURE FOR PUMP FEEDING

Items required for the procedure

- Feeding pump and feeding set
- 60ml enteral syringe
- Cooled boiled water for flushing
- Feed as directed by a dietician

**Remember good food hygiene
Feed and equipment must be prepared on a clean surface**

NB. The G-tube does not have a clamp so overlook the parts about unclamping or clamping the tube.

The Procedure

1. Ensure everything you need has been collected and is near to hand.
2. Inform the child/young person that you are now going to start the feed.
3. Position the child/young person in a sitting position. If this is not possible their head should be elevated by at least one pillow. For babies, place the pillow underneath the top of the mattress.
4. Wash and dry hands thoroughly.
5. Prepare feeding set with feed as shown by the company representative or a healthcare professional.

NB Unused feed should be stored in a fridge and discarded after 24 hrs.

6. Set feeding rate and volume on pump as prescribed by dietitian.
7. Open the cover of the feeding port and attach 60ml enteral syringe to it, ensure clamp is closed.
8. Flush the gastrostomy tube by unclamping the tube and slowly pushing the plunger of the syringe to insert the water; only administer the recommended amount of cooled boiled water
9. Once flush complete close clamp. Remove 60ml enteral syringe.
10. Attach feeding set to feeding port, open clamps on feeding set and gastrostomy tube then commence feed.

For the first 5 days following insertion of the gastrostomy tube if the child/young person experiences pain on feeding, fresh bleeding, or leakage of feed around the tube feeds should be stopped and you should call for advice (please refer to page 20 for details).

NB If the child starts coughing or vomiting during the feed, then stop and restart once they have settled. If they continue coughing or vomiting, then call for advice (please refer to page 20 for details).

11. Once feed is complete, close all clamps and detach feeding set from feeding port.

12. Attach 60ml enteral syringe containing cooled boiled water to feeding port and open clamp.
13. Flush the gastrostomy tube by unclamping gastrostomy tube and slowly pushing the plunger of the syringe to insert the water; only administer the recommended amount of cooled boiled water.
14. Once complete, close clamp, detach 60ml enteral syringe and replace feeding port cover.
15. Wash and store reusable syringe as per manufacturer's instructions.
16. Wash and dry hands thoroughly.
17. Re-use or dispose of feeding set as advised.

NB Feeding bags should be changed every 24 hrs

PROCEDURE FOR ADMINISTRATION OF MEDICATION

NB. The G-tube does not have a clamp so overlook the parts about unclamping or clamping the tube.

Items required for the procedure

- Syringes with medication drawn up as prescribed
 - 60ml enteral syringe
 - Cooled boiled water for flushing
- a) Not all medications can be given down the gastrostomy tube. It is important to check with your doctor or pharmacist if your child/young person's medications are suitable to be given this way. All medicines should be in liquid or dispersible form. If your medication doesn't come in this form, you must check with your pharmacist for an alternative.
- b) Medication should never be mixed, as they may react with one another.
- c) The tube must be flushed before and after each drug with the recommended amount of cooled boiled water, as detailed by the dietitian.

The Procedure

1. Ensure everything you need has been collected and is near to hand.
2. Inform the child/young person that you are going to give them some medication.
3. Position the child/young person in a sitting position. If this is not possible their head should be elevated by at least one pillow. For babies, place the pillow underneath the top of the mattress.
4. Wash and dry hands thoroughly.
5. Open feeding port cover and attach 60ml enteral syringe to it, ensure clamp is closed.
6. Unclamp the gastrostomy tube and slowly pushing the plunger of the syringe to insert the water; only administer the recommended amount of cooled boiled water.
7. Once the flush is complete close the clamp.
8. Disconnect the 60ml enteral syringe containing the cooled boiled water.
9. Connect the syringe containing the prescribed medication.
10. Unclamp the gastrostomy tube; administer medication by slowly pushing the syringe plunger down until all medication is administered.
11. Close the clamp, disconnect the empty medication syringe.
12. Connect the 60ml enteral syringe containing the cooled boiled water to the feeding port.

13. Unclamp the gastrostomy tube and flush the recommended amount of cooled boiled water into the tube.
14. Once the flush is complete close the clamp.
15. Disconnect the 60ml enteral syringe containing the cooled boiled water.
16. Repeat steps 7 to 16 for each medication.
17. Once complete, close clamp and replace feeding port cover.
18. Wash and store reusable syringes as per manufacturer's instructions.
19. Wash and dry hands thoroughly.

DAILY CARE OF THE G-TUBE OR MONARCH® GASTROSTOMY TUBE

- Always wash and dry hands thoroughly before handling the gastrostomy tube.
- It is important that the stoma site is cleaned and dried at least once a day, as advised by a healthcare professional. This includes taking a bath or shower daily. If your child has had a gastrostomy tube inserted as their first gastrostomy tube, they should only have showers for the first 2 weeks following insertion. This is to allow the tract to form.
- Rotate the gastrostomy tube 360 degrees daily. This helps prevent the gastrostomy tube from sticking to the surrounding skin.
- Inspect the stoma for signs of redness, swelling, irritation, skin breakdown and leakage.
- Gently pull the gastrostomy tube upwards until you feel resistance. This will check the balloon is inflated for G-tubes. Ensure the external fixator is slid to sit on the abdomen.

PROCEDURE FOR CHANGING THE WATER IN THE BALLOON

THIS ONLY APPLIES TO G-TUBES AND SHOULD BE DONE WEEKLY

Items required for the procedure

- 2 X 5-10ml syringes (luer slip)
- Cooled boiled water

The Procedure

1. Collect equipment.
2. Inform the child/young person that you are going to change the water in the balloon.
3. Wash and dry hands thoroughly.
4. In one syringe draw up prescribed amount of cooled boiled water.
5. Hold the gastrostomy tube in place and attach the empty syringe into the balloon port at the side of the gastrostomy tube. Withdraw the water from the balloon and remove syringe.
6. Keep holding the gastrostomy tube, attach the syringe with the prescribed amount of cooled boiled water to the balloon port and gently infuse.
7. While keeping pressure on the syringe plunger remove the syringe.
8. Gently pull the gastrostomy tube upwards until you feel resistance. This will confirm the balloon is re-inflated.
9. Dispose of syringes as advised by a healthcare professional.
10. Wash and dry hands thoroughly.

PROCEDURE FOR CHANGING OR REPLACING AN ESTABLISHED G-TUBE

This is only for G-tubes as they can be changed in the community. Monarch® gastrostomy tubes need to be changed in theatre so your healthcare professional will inform you when its due to be changed.

This procedure should be followed when performing a planned change of gastrostomy tube or when replacing a tube that has fallen out. **An established gastrostomy is one where the stoma has been formed for longer than a 3-month period.** A healthcare professional should demonstrate the procedure before undertaking independently.

At **NO** time should any implement be inserted into a gastrostomy tube to aid insertion as this will damage the stoma tract.

If the tube has fallen out and the tract has started to close over then simple replacement may not be possible. It is reasonable to attempt tube insertion as detailed below but if this cannot be accomplished the child/young person should be brought to A&E for gastrostomy tube replacement.

If the child/young person is on a medication that may affect the pH of the gastric aspirate, such as omeprazole or esomeprazole, it is advisable to delay medication administration until after the gastrostomy tube has been changed.

Items Required for the Procedure

- 2 x 5ml luer slip syringes
- 60ml enteral feeding syringe
- Cooled boiled water
- Water soluble lubricating agent
- Appropriate size of gastrostomy tube
- pH strips
- Water or milk feed
- Gauze swabs

Procedure

1. Ensure everything you need has been collected and is near to hand.
2. Inform the child/young person that you are going to change gastrostomy tube.
3. Position the child/young person lying down.
4. Wash and dry hands thoroughly.
5. Remove the new gastrostomy tube from the packaging. Inflate balloon with prescribed amount of cooled boiled water. Ensure the balloon has no leaks and deflate by removing the water.
6. Note measurement marker on the current gastrostomy tube above the external retention disk, if still visible.
7. Lubricate tip of the new gastrostomy tube with water-soluble agent.

8. Attach a 5ml luer slip syringe to the balloon port of the gastrostomy tube that is in the patient's stomach. Pull back on the plunger until all the water is out of the balloon.
9. Gently remove the gastrostomy tube from the child/young person's stomach.
10. Using a gauze swab wipe away any gastric secretions that may have leaked from the stoma tract.
11. Holding the new gastrostomy tube at the tip of the shaft, gently guide the new gastrostomy tube into the stoma to the length noted on the removed tube. Do not insert the whole G-tube into the stomach.
12. Hold the gastrostomy tube in place and using a 5ml luer slip syringe inflate the balloon with prescribed amount of cooled boiled water.
13. Pull back on the gastrostomy tube until resistance is felt.
Slide the external fixator down the gastrostomy tube to sit against the abdominal wall
NB The position of the tube MUST be confirmed before using it.
14. To confirm position, attach a 60ml enteral syringe to feeding port and withdraw a small amount of stomach contents. Test this on pH strip. A reading of 5.5 or less is required to confirm the gastrostomy tube position. Inability to aspirate fluid or aspiration of small volumes of fresh blood may suggest possible gastrostomy tube misplacement.

NB If unable to obtain an aspirate or the pH is 6.0 or above, please contact a health care professional (contact details are on page 20) for advice. The child/young person may need to be referred to Emergency Department where tube position should be confirmed by contrast injection under X-ray screening.

The gastrostomy tube should NOT be flushed until its position has been confirmed.

15. Open the feeding port and attach 60ml enteral syringe to it, ensure clamp is closed.
16. Flush the gastrostomy tube by unclamping the gastrostomy tube and slowly pushing the plunger of the syringe to insert the water; only administer the recommended amount of cooled boiled water.
17. Once the flush is complete close the clamp, detach the 60ml enteral syringe.
18. Replace feeding port cover.

NB If there is pain or distress with flushing or feeding or if feeds do not run in freely then again tube position should be checked. Please contact a healthcare professional for advice (page details 22).

19. Wash and store reusable syringe as per manufacturers instructions.
20. Wash and dry hands thoroughly.

FREQUENTLY ASKED QUESTIONS

Q: What should be done if the gastrostomy tube falls out?

A: If the gastrostomy tube falls out DO NOT panic, the gastrostomy site will not close over immediately. If you have been taught to insert a G-tube, then reinsert a new one. If you have not been shown or have a Monarch® gastrostomy tube, place a clean dressing over the site to stop any leakage of fluid from the stomach. Go to Emergency Department within 2-4hours as early replacement is essential.

A note of advice

Dungaree's, babygro's, popper vests, and swimming costumes are all helpful in keeping little fingers away from the tube.

Q: What should be done if the gastrostomy tube blocks?

A: If the gastrostomy tube blocks clean the feeding port with water and cotton tipped applicator, then try flushing the gastrostomy tube again. If this doesn't work attempt to flush the gastrostomy tube with warm water and leave for 30 minutes. DO NOT use excessive pressure when flushing. If this method fails then seek advice (please refer to page 20 for contact details).

A note of advice

Gastrostomy tubes do occasionally block. This is often caused by medicines or feed accumulating in the tube. To help prevent this ALWAYS FLUSH the tube before and after each feed/ medication with cooled boiled water. **Q: What should be done if the child/young person is bloated or retching?**

A: This can be relieved by attaching the barrel of a 60ml enteral syringe to the feeding port, open the clamp and this will release air/food from the stomach.

Q: What should be done if the stomach contents leak out around the gastrostomy tube?

A: This is unusual. If this problem occurs in the first 5 days after the tube is inserted, seek advice (please refer to page 20 for contact details).

Q: What should be done if the stoma site is red, and the skin broken?

A: To prevent this from happening always clean and dry the gastrostomy site daily. If the skin is not healing seek advice (page 20). Do not put any creams or dressings around the site unless advised to do so.

Q: What happens if there is over granulation around the stoma site?

A: This can be the result of the body trying to close the gastrostomy site, or from the gastrostomy tube moving in and out too much. The skin will look slightly red and bumpy. Seek advice if you notice this (please refer to page 20 for contact details). Cream may be prescribed, or the size of the gastrostomy tube may be checked.

Q: What should be done if the balloon does not deflate in the G-tube?

A: If you are unable to extract the water from the balloon with the syringe, ensure the balloon port is clear. Reinsert the syringe into the balloon port, push and twist. If this

doesn't work, seek advice (please refer to page 20 for contact details).

Q: When can my child/young person go swimming?

A: We recommend no swimming or hydrotherapy sessions for 6 weeks following placement of gastrostomy. After 6 weeks it is fine to go swimming or attend hydrotherapy sessions and there is no need for the gastrostomy to be covered while in the swimming pool.

Q: How do I clean giving sets/containers and bags?

A: Giving sets/containers and bags used on several occasions over a 24-hour period are required to be flushed with water through the pump. Once flushed replace cap on the end of the giving set. The giving set/ container/bag is to be discarded after 24 hours use.

Q: How do I clean syringes?

A: The syringes, when used in the community, are reusable. After each use syringes should be cleaned with liquid detergent, rinsed, air dried and stored in a clean, dry container. For children under 6 months of age the items can be steam sterilized. Each syringe can be used for 7 days.

Troubleshooting (see page 18 and 19)

If you encounter any of the following problems, please inform a Healthcare Professional (see page 22) for further advice.

<u>Problem</u>	<u>Cause</u>	<u>Solution</u>

Individual Patient Requirements

Supplies Details

Equipment Details

HOW TO SEEK HELP

	Name	Phone Number	Times Contactable
Nutrition Nurse Specialist	Catherine Paxton	0131 312 0266 (voice mail)	0800-1600 Monday to Friday
GI Nurse Specialist		0131 312 0266 (voice mail)	0830-1630 Monday to Friday
Emergency Department RHCYP 'Out Of Hours'		0131 312 0007	24 hours
G.P.			
Dietitian			
Community Nurse NHS Lothian NHS Fife NHS Borders		0131 312 2336 01383 627 047 01896 826 081	
Dalhousie Lochranza Dunvegan Castle Mey Borthwick		0131 312 1330 0131 312 1334 0131 312 1332 0131 312 0092 0131 312 1333	24 hours

Training schedule for Parent/Carers

This training package is intended to provide a structure and framework for teaching parents/carers to care for a child with a Gastrostomy tube at home. Additionally it defines competences that need to be achieved prior to discharge.

Parent /carers Name

Relationship to the child

Date and time	Session	Assessor	Location

Record of teaching check list – Parents and Carers ONLY

I Initial training
P Practical Training
A - Performed with supervision
B - Competent and confident

This competency is for Patient _____ CHI _____
only.

THIS COMPETENCY EXPIRES ON _____

Parent Teaching Check List - For care and use of a G- tube or Monarch® gastrostomy tube						
	I	P	A	A	A	B
1 Demonstrate an understanding of what a G-tube or Monarch® gastrostomy tube is and why it is required						
2 Demonstrate hand washing, hygiene and discuss importance						
3 What equipment is needed for: Bolus feeding Pump feeding Administering medications Changing the water in the balloon (G-Tube only)						
4 Demonstrate how to prepare the child/young person for using their G-Tube or Monarch® gastrostomy tube						
5 Demonstrate how to prepare the child/young person for changing the water in their G-tube only						
6 Describe and demonstrate how to						
a) Administer a bolus feed						
b) Administer a pump feed- using a feed pump following manufacturer guidelines and instruction from a Homecare company nurse						
c) Administer medication						
d) Flush a G-tube or Monarch® gastrostomy tube						

Parent Teaching Check List - For care and use of a G-tube or Monarch® gastrostomy tube

	I	P	A	A	A	B
7 Demonstrate how to care for a G-tube or Monarch® gastrostomy stoma site in post-operative period and discuss ongoing stoma site care following discharge						
8 Discuss potential problems and actions to be taken a) who to contact b) when to return to hospital						

This competency certifies _____ (relationship to the child) only.

Record of teaching check list – Parents and Carers ONLY

I Initial training
P Practical Training
A - Performed with supervision
B - Competent and confident

This competency is for Patient _____ CHI _____ only.

THIS COMPETENCY EXPIRES ON _____

This competency certifies _____ (relationship to the child) only.

Parent Teaching Check List - For changing an established G-tube						
	I	P	A	A	A	B
1 Demonstrate hand washing, hygiene and discuss importance						
2 What equipment is needed for changing a G-tube						
3 Demonstrate how to prepare the child/young person for changing their G-tube						
4 Describe and demonstrate how to						
a) Check the new gastrostomy tube prior to insertion						
b) Change the gastrostomy tube						
c) Check the position of the new gastrostomy tube following insertion						
d) Administer a bolus of water or milk						
5 Discuss potential problems and actions to be taken						
a) who to contact						
b) when to return to hospital						

TRAINING ACHIEVEMENT (Parents and Carers ONLY) Copy to be retained by staff/carers and also to be filed in Childs Nursing record

Patient _____ CHI _____

This is to confirm that _____ are trained and competent in all aspects of _____

Areas covered (Bullet Points below from Competency record)

-
-
-
-

Or

This is to confirm that _____ have been trained in _____

I agree that I feel confident to carry out the care as demonstrated and through the training I have received

Professional Signature

Date

Parent / Carer Signature

Date

Parent /Carer Signature

Date

Competency checklist - NHS Staff ONLY

I Initial training
 P Practical Training
 A - Performed with supervision
 B - Competent and confident
 C - Competent to teach

Care and use of G-Tube or Monarch® gastrostomy tube	REQUIRED SKILLS & KNOWLEDGE	Level Reached					
		I	P	A	A	B	C
Understands what a G-tube or Monarch® gastrostomy tube is and why it is required	Demonstrate an awareness of: - <ul style="list-style-type: none"> How a G-tube or Monarch® gastrostomy tube is inserted The component parts of a G-tube or Monarch® gastrostomy tube 						
Discuss universal precautions, infection control and hand hygiene	Demonstrate an awareness of local infection control policy <ul style="list-style-type: none"> Hand washing Feed preparation, administration and storage Cleaning and storing enteral syringes 						
Demonstrate preparing a child for any procedure using their gastrostomy tube e.g. to administer feed, fluid or medication	Demonstrate age/child appropriate preparation. <ul style="list-style-type: none"> Uses age/child appropriate techniques to gain consent Recognise effect on child/young person of receiving a feed or medication via a gastrostomy tube 						
Prepare equipment required for feed or medication administration	Discuss and demonstrate how to <ul style="list-style-type: none"> Attach and remove an extension set Administer a bolus feed Administer a pump feed Administer medication 						
Discuss and prepare equipment required for care of gastrostomy stoma site	Demonstrate how to care for a gastrostomy stoma site in the post-operative period Discuss and/or demonstrate ongoing gastrostomy stoma site care following discharge including bathing and swimming advice Identify potential problems and discuss when and how to seek assistance						

Competency checklist - NHS Staff ONLY

For changing an established gastrostomy tube	REQUIRED SKILLS & KNOWLEDGE	Level Reached					
		I	P	A	A	B	C
Understands what a G-Tube or Monarch® gastrostomy tube is and why it is required	Demonstrate an awareness of: - <ul style="list-style-type: none"> • How a G-tube or Monarch® gastrostomy tube is inserted • The component parts of a G-Tube or Monarch® gastrostomy tube • The importance of confirming position of gastrostomy tube following a change 						
Discuss universal precautions, infection control and hand hygiene	Demonstrate an awareness of local infection control policy <ul style="list-style-type: none"> • Hand washing 						
Demonstrate preparing a child for changing their G tube	Demonstrate age/child appropriate preparation. <ul style="list-style-type: none"> • Uses age/child appropriate techniques to gain consent • Recognise effect on child/young person of having their G-tube changed 						
Prepare equipment required for changing a G-tube	Discuss and demonstrate how to <ul style="list-style-type: none"> • Check the new gastrostomy tube to ensure the balloon inflates and is intact • Change the G-tube gastrostomy tube • Confirm position of gastrostomy tube following insertion • Administer a bolus of water or milk 						
Troubleshooting	Identify potential problems and discuss when and how to seek assistance						

COMPETENCY STATEMENT (NHS Staff ONLY)

ASSESSOR Statement

I confirm that _____ has demonstrated the required competence in

Signature of assessor:

Name (print):

Position:

Date of completion

PRACTITIONER statement:

I am satisfied that I am competent in

I also undertake to maintain my competency in this area of practice / in accordance with the NMC Code (2008) / other regulatory body and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature

Print Name:

Title/Grade

Clinical area.

Date of completion

MANAGER statement:

I confirm that the above participant has met the required standard of competence for
_____ in children and young people and therefore can undertake this role in
practice.

Signature of Charge Nurse/Manager

Print:

Position

Date

Please retain this for your own records and give a copy to your manager to be inserted in your personnel file.

Your manager will also log completion of clinical competencies in your personnel file.