

**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES/ ADULT SPECIAL POPULATIONS**

**Health Care Services Protocol #2**

**The Management of Enterostomy Tubes in Individuals Receiving Community-Based  
Residential Services and or Day Programming Services**

Prepared by: Thomas Kelly, MD

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Revised by: Lisa Graves, RN, BSN and Susan Poore, RN

Date: February 2009

Approved by: \_\_\_\_\_

*TLF Kelly* *September 3, 2009*  
DDDS Medical Director

**I. OBJECTIVE**

To provide safe and effective care to individuals living in residential programs who have an enterostomy tube for the purposes of receiving feedings, hydration, and/or medications.

**II. RATIONALE**

Currently, there are less than fifteen individuals living in residential programs who require the support of an enterostomy tube. These tubes are generally for feedings, hydration, and/or medications. For these individuals, the proper maintenance and care of that tube is of critical importance.

**III. DEFINITIONS**

**1. 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.

**IV. STANDARDS**

**A. Shared Living**

**1. Scope of Service**

- The Delaware Board of Nursing advised the Division of Developmental Disabilities Services 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." (Attachment H)
- Again, on January 16, 2002, the Board of Nursing advised that the division had the most recent information when asked if foster care providers may give enteral tube feedings and assist with medications by tube. (Attachment K)
- Shared Living Providers may assist Developmentally Disabled individuals with feedings, hydration, and medications via an enteral tube.
- The assigned Community Nurse's role with the Shared Living Providers will be to provide training, technical assistance, and be a resource for the community healthcare provider.

- Any Shared Living Provider receiving an individual with an enteral tube shall be required to be evaluated prior to the placement. (New and returning placements are both included.) The evaluation shall be conducted by the DDDS Regional Program Director and regional Nursing Supervisor, with input from the Nursing Administrator. The overall capability, interest, resources, etc. of the Shared Living Provider(s) will be evaluated to determine if he/she is capable of providing the required serviced to meet the needs of the individual.

## **2. Training**

- Shared Living providers will be provided training to provide feedings, hydration, and/or medications for the individual(s) they support.
- The Shared Living providers' training of providing tube feedings, hydration, and/or medications via enterostomy tubes will be done by a registered nurse.
- The assigned DDDS Nurse Consultant will ensure that the Shared Living Providers complete a return demonstration of the enteral tube skills that they will be performing for the individual. Documentation will be completed on the Competency Evaluation Tools attached. (Attachments C-G)
- 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 the following components:
  1. General overview of how enterostomy tube medication administration relates to 'Assist with Medications'.
  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. Importance of clean technique and how to clean equipment.
  6. Maintenance of enterostomy tubes.
  7. Positioning issues with enterostomy tubes as well as specific positioning instructions for each individual on their nursing care plan/ ELP.
  8. 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 their nursing care plan/ ELP.
  9. How to prepare different forms of medications for administration via enterostomy tubes.
  10. Consideration of residual check maintenance.
  11. Safe management and storage of formula and equipment including protocol regarding length of time a specific formula may hang for a specific individual and reuse of equipment.
  12. Individual-specific training regarding all of the above including on-site return demonstration by a registered nurse; verified with Competency Evaluation Tool. (Attachments C-G)
  13. A complete set of written materials used to train staff must be maintained at the Shared Living home.
- The Shared Living Provider is required to have the following qualifications to be eligible to become enteral tube trained to provide feedings, hydration, and/or medications to an individual with an enterostomy tube:

1. A current 'Assist with Medications' training-status in good standing and at least one years experience in 'Assisting with Medications'.
  2. A current CPR and First Aid certification in good standing.
  3. Demonstrated the ability to count and record respiratory rate and pulse rate.
  4. Successfully completes a 'Feeding, Hydration, general knowledge, and/or Medication Assistance via Enterostomy Tube' return demonstrations using the appropriate Competency Evaluation Tool(s).
  5. Return demonstration evaluation(s) must be repeated every year.
- If an enteral tube trained Shared Living Provider is involved in an untoward event involving an individual with an enterostomy tube, then that Shared Living Provider can only be allowed to resume such duties at the discretion of the regional Nursing Supervisor. Additional training would be required, as deemed appropriate and necessary.
  - The regional nursing supervisor is responsible for (1) the oversight that ensures that the training and demonstrations are done in a timely fashion, (2) that untoward events are addressed, and (3) provides consultation to her staff, as needed, for this protocol.

### **3. Required Documentation**

- For individuals who have an enterostomy tube that reside in a Shared Living setting, the assigned DDDS Nurse Consultant will complete the DDDS Enterostomy Tube Information Form, have the individual's community physician who is responsible for managing the enteral tube sign, and expeditiously submitted it to the regional nurse supervisor. (*Attachment B*). The form should be placed with the individual's Nursing ELP. Please note, individuals cannot be enrolled into this health care services protocol until the enterostomy area is healed and matured.
- The Enterostomy Tube Information form (*Attachment B*) is to be completed and signed at least every 365 days and as changes occur.
- A Nursing ELP Enteral Tube Form will be completed annually, at the time of the individual's ELP, by the assigned DDDS Community Nurse Consultant. This form will be filed with the individual's Nursing ELP. This form will also be forwarded to the DDDS Nursing Administrator(*Attachment A*)
- All prescribed feedings, hydration and medications will be documented on the Monthly Medication Record by the Shared Living Provider. This form will be given to the assigned DDDS Nurse Consultant monthly.

## **B. Licensed Residential Residence**

### **1. Scope of Service**

- In a licensed residential setting where professional nurses are permanently assigned, the nurse will provide the feedings, hydration, and medications via an enteral tube.
- Unlicensed personnel shall not assist with medications passed through feeding tubes. (*Attachment L*)

### **2. Required Documentation**

- A Nursing ELP Enteral Tube Form will be completed annually, at the time of the individual's ELP, by the assigned Agency Nurse Consultant. This form will be filed with the individual's Nursing ELP. This form will also be forwarded to the DDDS Nursing Administrator. (*Attachment A*)

- All prescribed feedings, hydration, and medications must be transcribed on the individual's MAR and initialed by the nurse completing.

### **C. Day Programming**

#### **1. Scope of Service**

- Services rendered should support the maximum involvement possible in the day programming activities.
- Unlicensed personnel shall not assist with medications passed through feeding tubes (Attachment L). In a day programming setting only professional nurses will provide medications via an enteral tube.
- The DDDS Nurse Administrator and the Office of Quality Management Nurse will meet at least twice yearly, with the Day Program providers who provide services for individuals with enteral tubes, to review enteral tube protocols.
- Only RNs may delegate selected nursing duties as outlined by the Delaware Administrative Code; Title 24, Regulated Professions and Occupations 7.7.2.1.1 (page 32). Tube feedings for an individual with an established gastrostomy and jejunostomy tube may be delegated. (Delaware Administrative Code 7.7.4.5, page 33)

#### **2. Training**

- The Day Programming Provider's registered nurse will ensure that the day programming staff complete a return demonstration of the enteral tube skills that they will be performing for the individual. Documentation will be completed on the Competency Evaluation Tools attached. (Attachments C, D, E, and G as applicable)
- Any unlicensed personnel providing services under this protocol will complete the same training requirements as stated in Section A (Shared Living).

#### **3. Documentation**

- Any unlicensed personnel providing services under this protocol will complete the same documentation requirements as stated in Section A (Shared Living).
- All prescribed feedings, hydration, and medications assisted with during day programming must be transcribed on the individual's MAR and initialed by the staff completing.
- The current Nursing ELP Enteral Tube Form will be maintained in the individual(s) record at the day programming site.

### **D. Case Exceptions**

#### **1. Scope of Service**

- 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 individual'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, DDDS administration/staff, and the Division Medical Director.

## **E. General Standards**

- DDDS, with the assistance from TAPD, will offer an in-service to all professional community nursing staff, including all agency nurses and day programming nurses. The training will be provided by a nurse who specializes in enterostomal nursing. Yearly updates will be provided as a method for keeping the community nursing staff up-to-date and knowledgeable with changes in this field.
- Discussion with the DDDS Nurse Administrator and regional Nurse Supervisor must occur prior to any residential placement of an individual with an enteral tube.
- The Community Nursing Administrator will maintain (1) a database of clients served by this health care services protocol, (2) all DDDS Enterostomy Tube Forms (Attachment B), and (3) a file of the Nursing ELP Enteral Tube Forms (Attachment A).
- This protocol does not address the replacement of dislodged gastrostomy tubes. As noted in the Delaware Board of Nursing Position Statement (Attachment 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.
- Any individual with an enterostomy tube should have a gastro-enterologist, surgeon, or certified nurse specialist in enterostomal nursing overseeing the medical management of the enterostomy tube. This information should be included in the database of clients served by this health care services protocol.
- Any non-urgent discontinuance of an enterostomy tube requires a written order from the licensed health care provider medically managing the case and must be discussed with the DDDS Medical Director or the Community Nursing Administrator before the discontinuance is implemented. Such removals should be done by the licensed health care provider overseeing the medical management of the enterostomy tube or one of their associates.
- An enterostomy tube work group will meet at least twice yearly to review and update the enterostomy tube data base. The work group will be comprised of the following members, DDDS Medical Director, Community Nursing Administrator, Quality Management Nurse, a representative from TAPD and Community Services Nursing.

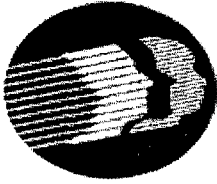
## **VII. REFERENCES**

1. Current guidelines on enterostomy tube management from Massachusetts.
2. Delaware Board of Nursing Position Statement: Replacement of Gastrostomy Tube
3. Title 24 Regulated Professions and Occupations Delaware Administrative Code
4. Title 24 Professions and Occupations Chapter 19 Nursing; Delaware Code
5. Delaware Board of Nursing Assist with Self-Administration of Medication curriculum; 5/03

## **VIII. ATTACHMENTS**

- A. DDDS Enterostomy Tube Information Form for Licensed Residential Placements
- B. DDDS Enterostomy Tube Information Form for Shared Living Placements
- C. Competency Evaluation Tool for Enterostomy Tube Water Flushes
- D. Competency Evaluation Tool for Enterostomy Tube Continuous Feeding and Discontinuation of Feeding
- E. Competency Evaluation Tool for Gravity Feeding
- F. Competency Evaluation Tool for Enterostomy Tube Medication Administration
- 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
- L. Delaware Board of Nursing Assist with Self-Administration of Medication curriculum; 5/03, page 3



Division of Developmental Disabilities  
Community Services/Adult Special Populations

Nursing ELP Enteral Tube Form

Individual: \_\_\_\_\_ MCI Number: \_\_\_\_\_  
Provider: \_\_\_\_\_ Date of Tube Placement: \_\_\_\_\_  
Name of Health Care Specialist: \_\_\_\_\_  
Reason for Placement: \_\_\_\_\_  
Other Information: \_\_\_\_\_

Tube Management Information

- G-tube or J-tube: \_\_\_\_\_
- Type of Tube: \_\_\_\_\_
- Size of Tube: \_\_\_\_\_
- Amount of Water in Balloon: \_\_\_\_\_
- How Often Changed: \_\_\_\_\_
- Who Changes Enteral Tube: \_\_\_\_\_
- Special Instructions for Tube Changes: \_\_\_\_\_

Feeding Product Information

- Type of Product: \_\_\_\_\_
- Volume of Product: \_\_\_\_\_
- Rate: \_\_\_\_\_
- Times Received: \_\_\_\_\_

Feeding Bag/Container Information

- How Often Changed: \_\_\_\_\_
- Type of Feeding Bag/Container: \_\_\_\_\_
- Equipment Needed to Hang Feeding Bag/Container: \_\_\_\_\_
- Other Information: \_\_\_\_\_

Feeding Pump Information

- Pump Type: \_\_\_\_\_
- Cleaning Instructions: \_\_\_\_\_
- If Pump Malfunctions Contact: \_\_\_\_\_

Residual Checks:

- Frequency of Residual Checks: \_\_\_\_\_
- When to Notify Nursing/Medical: \_\_\_\_\_
- Parameters for When to hold Feeding: \_\_\_\_\_

Other Equipment Used: ☐ NO ☐ YES (If YES, continue)

- Name of Equipment: \_\_\_\_\_
- How Often Changed: \_\_\_\_\_
- How Cleaned: \_\_\_\_\_
- Other: \_\_\_\_\_

Enteral Tube Feeding Supplies are Purchased/Obtained From: \_\_\_\_\_

**Skin Integrity**

- Prescribed Treatment for Tube Site: \_\_\_\_\_
- Any Special Cleaning or Management Instructions for Tube Site: \_\_\_\_\_
- Who to Call if Redness/Drainage etc. Should Occur: \_\_\_\_\_

Positioning During Tube Feeding: \_\_\_\_\_

Any Special Things to Watch for or Special Instructions: \_\_\_\_\_

Medications are Assisted with via Enteral Tube: ☐ NO ☐ YES

Special Information/Instructions You Need To Know for Medication Administration: \_\_\_\_\_

Who You Contact With any Concerns, Questions, or New Information : \_\_\_\_\_

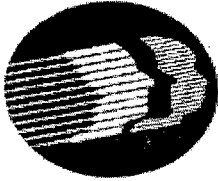
Who You Contact in Case of an Emergency Related to the Enteral Tube, i.e. displacement of enteral tube: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Nurse*

\_\_\_\_\_  
*Date*



ATTACHMENT B



Division of Developmental Disabilities  
Enterostomy Tube Information Form  
Shared Living Provider

Name of Individual: \_\_\_\_\_ 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 Individual Receiving Services*

via the following route:

Gastrostomy Yes    No                      Jejunostomy Yes    No

\_\_\_\_\_  
Printed Name of MD/Advanced Practice Nurse

\_\_\_\_\_  
Signature of MD/Advanced Practice Nurse

\_\_\_\_\_  
Date of Signature

PARC Reviewed: 02/25/09  
Form # 26/COR

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

<b>DATE:</b>	<b>STAFF NAME:</b>
<b>INDIVIDUAL:</b>	<b>OBSERVER:</b>

	YES	NO	COMMENTS
1. Checks MAR and/or physician's order.			
2. Completes hand hygiene.			
3. Gathers/assembles necessary equipment.			
4. Explains procedure to individual.			
5. Positions individual in correct position.			
6. Protects clothing with a barrier.			
7. Applies non-sterile gloves.			
8. Verifies proper placement of the <i>gastrostomy</i> tube by auscultation if part of the individual's protocol.			
9. Checks gastric residual if indicated.			
10. Clamps/Pinches enteral tube before removing plug.			
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. Pours prescribed amount of water into syringe and allow to flow into tube.			
14. Clamps/pinches tube after administration of water to prevent air from entering tube.			
15. Removes syringe and insert plug (as applicable).			
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 Individual)

\_\_\_\_\_  
*Signature of RN*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Unlicensed Assistive Personnel*

\_\_\_\_\_  
*Date*

ATTACHMENT D

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

DATE:	STAFF NAME:
INDIVIDUAL:	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 individual.			
5. Positions individual 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 removing plug.			
12. Places plug appropriately to avoid contamination. (as applicable)			
13. Connects tubing to enteral tube			
14. While enteral tube is still clamped, places tip of 60cc syringe into end of enteral tube.			
15. Verifies proper placement of the <i>gastrostomy</i> tube by auscultation if part of the individual's protocol.			
16. Checks gastric residual if indicated.			
17. Pours 30 cc of water (unless otherwise ordered) into syringe to flush tube prior to starting the feeding .amount of flush.			

	YES	NO	COMMENTS
18. Clamps/pinches tube after administration of water to prevent air from entering tube.			
19. Removes syringe and connects feeding bag tubing to enteral tube.			
20. Sets desired rate on feeding pump.			
21. Ensures tube is secured under clothing.			
22. Removes gloves and dispose of properly.			
23. Completes hand hygiene.			
24. 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. Applies non-sterile gloves			
9. Clamps/pinches enteral tube.			
10. Disconnects enteral tube from feeding bag tubing. If feeding bag is to be used again, ensures tubing does not get contaminated.			
11. Inserts plug (as applicable) into tube and unclamps tube.			
12. Ensures tube is secured under clothing.			
13. Removes gloves and dispose of properly.			
14. 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 Individual)

\_\_\_\_\_  
Signature of RN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unlicensed Assistive Personnel

\_\_\_\_\_  
Date

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

<b>DATE:</b>	<b>STAFF NAME:</b>
<b>INDIVIDUAL:</b>	<b>OBSERVER:</b>

	YES	NO	COMMENTS
1. Checks MAR and/or physician's order.			
2. Completes hand hygiene.			
3. Gathers/assembles necessary equipment.			
4. Explains procedure to individual.			
5. Positions individual 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. Verifies proper placement of the <i>gastrostomy</i> tube by auscultation if part of the individual's protocol.			
10. Checks gastric residual if indicated.			
11. Clamps/Pinches enteral tube before removing plug.			
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. 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 formula into barrel of syringe and allows to flow into 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 other wise indicated)			
18. Removes syringe and insert plug (as applicable) into tubing.			
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 Individual)

\_\_\_\_\_  
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 ONLY**

<b>DATE:</b>	<b>STAFF NAME:</b>
<b>INDIVIDUAL:</b>	<b>OBSERVER:</b>

	YES	NO	COMMENTS
1. Follows all aspect of the DDDS Assist with Self-Administration of Medication policy.			
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 individual.			
7. Positions individual in correct position.			
8. Protects clothing with a barrier.			
9. Applies non-sterile gloves.			
10. Verifies proper placement of the <i>gastrostomy</i> tube by auscultation if part of the individual's protocol.			
11. Clamps/Pinches enteral tube before removing plug.			
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.			

	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 flush into syringe (at least 30cc unless otherwise indicated).			
17. Clamps/pinches tube after administration of medications to prevent air from entering the stomach.			
18. Removes syringe and insert plug (as applicable) into tubing.			
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 Individual)

\_\_\_\_\_  
Signature of RN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unlicensed Assistive Personnel

\_\_\_\_\_  
Date

**ATTACHMENT G**

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

<b>DATE:</b>	<b>STAFF NAME:</b>
<b>INDIVIDUAL:</b>	<b>OBSERVER:</b>

	YES	NO	COMMENTS
1. Know that only nurses (RN and/or LPN) and AWSAM certified 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 AWSAM policy must be followed when administering medications via enteral tube.			
4. Knows what gastrostomy and jejunostomy tubes are and why this individual has one.			
5. Knows a brand of formula must never be changed without a physician'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 can not be changed without a physician'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 individual vomits while feeding is being administered and is able to identify some causes of vomiting.			
14. Knowledgeable of procedure to follow if individual has difficulty breathing.			
15. Knowledgeable of procedure to follow if individual 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 Individual)

\_\_\_\_\_  
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  
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GOVERNOR'S MAGISTRATE  
SCREENING COMMITTEE



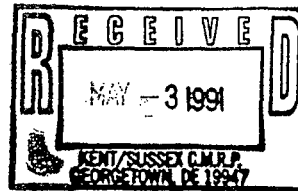
STATE OF DELAWARE  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
DIVISION OF PROFESSIONAL REGULATION  
MARGARET M. O'NEILL BUILDING  
P.O. BOX 1401  
DOVER, DELAWARE 19903

PRIVATE EMPLOYMENT AGENCIES  
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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

ATTACHMENT J

To: Nancy Calloway@CMRP@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.

**DHSS Mail!**

Mar 12, 2001

Page 1

ATTACHMENT 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?

DHSS Mail!

Feb 05, 2002

Page 1



## **ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION TRAINING COURSE**

### **1. INTRODUCTION**

Assistance With Self-Administration of Medications (AWSAM) is the process by which unlicensed personnel, known as direct care providers (DCP), help clients receive medication as ordered for the client by a licensed prescribing practitioner.

To qualify for training as a direct care provider (DCP), staff must be employed by a facility which qualifies under the governing sections of the Delaware Nurse Practice Act, 24 Del. C., Chapter 19.

To qualify as a currently recognized DCP, staff must complete a Delaware Board of Nursing approved training course and successfully pass an initial test and annual retesting.

This course is designed to teach you how to safely assist a client with medication in accordance with Delaware State Law. A DCP with self-administration of medication is not the same as a nurse administering medication. Administration of medication by licensed nurses requires knowledge and skills that are not required of DCPs taking this course.

### **2. INTERPRETATION OF ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION DEFINITION -**

Assistance with medications means the designated care provider (DCP) helps the client in the taking of a medication provided that the medication is in the original pharmacy container (or manufacturer's container if OTC), with a legal label and specific directions. The DCP may hold the container for the client, assist with the opening of the container and assist the client in taking the medication following the directions of the original container. The DCP will encourage clients to self administer medication whenever possible. The DCP may remove medication from the client's original container for immediate use. The DCP shall not assist with injections, or medications passed through feeding tubes. The DCP must document all medication activity.

### **3. THE LAW AND MEDICATION ASSISTANCE -**

There are federal and state laws which legally control medications from manufacture to who may assist the individual receiving them.

Under the Delaware Nurse Practice Act, 24, Del. C., Section 1921 (10), (12)\*, (14), (16) and (17) unlicensed personnel are recognized to assist with self-administration of medications, provided the designated care provider has successfully completed a medication training course approved by the Delaware Board of Nursing. AWSAM is recognized in the following settings:

\*(Formerly from the LAW Regulating the Practice of Nursing in Delaware Chapter 19 Title 24; Section J & K)