

FOOTHILLS GATEWAY, INC.

Gastrostomy Services Administration for Supported Living Services (HCBS SLS and State SLS)/Children's Extensive Support (CES)

PROCEDURE:

For individuals receiving SLS/CES funded g-tube services, the following must be completed and documented by the Program Approved Service Agency (PASA). Documentation should be maintained in the individual's home, the agency and/or the service provider place of business.

A. Physician's Order

The PASA should maintain regular communication with the individual's physician and family to ensure that a current copy of the physician's order is available to the person providing services. If changes have been made, a copy of the new order will be kept at the individual's house and/or on file with the PASA.

The physician's order will include the following information:

- Name of the person served
- Identification of the food/medication to be administered
- Amount/dosage of the food medication to be administered
- Amount of flush
- Time of administration
- Duration of administration
- Position of the individual
- Oral stimulation (if needed)
- Digestive rest period
- Decompression (if needed)

B. Protocol containing the following information:

- Proper preparation of food and supplies
- Proper storage of food and supplies
- Timing of feeding
- Duration of feeding
- Position of individual during feeding
- Oral stimulation (if needed)
- Medications to be administered via the g-tube
- Proper care of site and needed materials
- Identification of potential problems/things to look for
- Identification of who to contact if a problem is suspected/observed

The supervising physician or nurse should develop the protocol. The protocol must be updated each time a physician's order changes. The changes in the physician's orders will be reflected in the protocol. Amended protocols will be kept at the individual's house, on file with the PASA.

C. Documentation of the following training (PRIOR TO PROVIDER ADMINISTERING G-TUBE SERVICES WITHOUT SUPERVISION):

1. Supervising LPN/RN/MD has performed g-tube services for the individual prior to training provider.
2. Supervising LPN/RN/MD has reviewed protocol with staff:
3. Supervising LPN/RN/MD has observed staff performing g-tube services (without errors on three consecutive occasions) and documented:
 - Dates of training/observation
 - Statement that provider has reached proficiency on all aspect of protocol

The documentation must be signed by the supervising LPN/RN/MD

D. Documentation of the following training (SUBSEQUENT TO INITIAL G-TUBE CERTIFICATION):

1. Supervising LPN/RN/MD has observed staff performing the g-tube services quarterly during the first year
2. Supervising LPN/RN/MD has observed staff performing the g-tube services semi-annually after the first year
3. Supervising LPN/RN/MD has observed staff performing the g-tube services as physicians orders/protocols change

E. G-tube Administration records (kept on file at the individual's house or on file with the PASA) documenting:

- Date of feeding
- Beginning time and end time
- Amount of fluid/food administered
- Amount of fluid flushed
- Amount of medication administered
- Condition of site
- Any problems encountered
- Signature of person performing procedure

9/05. . . . 7/15; 10/16; 12/17