**Administering Medication per Gastrostomy Button**

**Bolus Method**

School staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse/Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **SKILL** | **Training Date** | **Observation** |
| State name and purpose of procedure. | Click or tap here to enter text. | Click or tap here to enter text. |
| **PREPARATION.** | Click or tap here to enter text. | Click or tap here to enter text. |
| Review student’s individual health plan (IHP) for specific instructions. | Click or tap here to enter text. | Click or tap here to enter text. |
| Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. | Click or tap here to enter text. | Click or tap here to enter text. |
| Assemble materials outlined in the IHP, including the medication. | Click or tap here to enter text. | Click or tap here to enter text. |
| Prepare the medication as ordered. | Click or tap here to enter text. | Click or tap here to enter text. |
| Explain the procedure to the student. | Click or tap here to enter text. | Click or tap here to enter text. |
| Position student sitting or lying on right side with head elevated at a 30° angle. | Click or tap here to enter text. | Click or tap here to enter text. |
| mickey |  | |
| **ADMINISTRATION:** | Click or tap here to enter text. | Click or tap here to enter text. |
| During entire procedure ensure student’s privacy. | Click or tap here to enter text. | Click or tap here to enter text. |
| Wash hands and put on gloves. | Click or tap here to enter text. | Click or tap here to enter text. |
| Check the area around the G-tube for signs of swelling or redness. Notify RN if indicated. | Click or tap here to enter text. | Click or tap here to enter text. |
| Remove the plug or cap on the tube. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **ADMINISTRATION CONTINUED:** | Click or tap here to enter text. | Click or tap here to enter text. |
| With the plunger removed from the syringe, connect the syringe to the G-tube, allow bubbles to escape. | Click or tap here to enter text. | Click or tap here to enter text. |
| Flush the tubing with water as directed. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administer the medication into the tubing. | Click or tap here to enter text. | Click or tap here to enter text. |
| Flush the tubing again with clear water as directed. | Click or tap here to enter text. | Click or tap here to enter text. |
| Remove the syringe, put the cap or plug back on the G-tube and secure as needed. | Click or tap here to enter text. | Click or tap here to enter text. |
| Clean the equipment with soapy water, rinse and allow to air dry. | Click or tap here to enter text. | Click or tap here to enter text. |
| Store the medication and equipment as directed. | Click or tap here to enter text. | Click or tap here to enter text. |
| Remove gloves and wash hands. | Click or tap here to enter text. | Click or tap here to enter text. |
| Document medication administration and any observations. | Click or tap here to enter text. | Click or tap here to enter text. |
| Check the student’s IHP for specific follow-up procedures. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer medication as outlined above during the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration medication by G-tube.

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***Registered Nurse signature Date***

**Administering Medications BY G-Tube**

**First, Check … The Correct Form of Medication for MIC-KEY\***

**Use**

* Medication should be in liquid form when possible. If the liquid is thick, thin it with water so it doesn't clog the tube as indicated.
* If medication is only available in a pill or capsule, ask your specialist or pharmacist if it's one you can crush and mix with water. (Not all pills and tablets can be taken this way.)
* If you can do this, crush the medication finely, and make sure it is well dispersed in the water.
* Do not mix medication with formula unless your specialist tells you to do this.

**To Administer**

* You'll generally use a bag and extension set, attaching the extension set's medication port to the bag instead of to its feeding port.
* For small amounts of medication, you may be able to eliminate the need for extension tubing by using a syringe:
* Dilute the medication with water in a Luer slip syringe.
* Inject directly into the MIC-KEY\* feeding port.
* When finished, flush the port with at least 10 ml of water as directed.

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer medication as outlined above

during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of medication by G-tube.

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***Registered Nurse signature Date***