Nasogastric Tube Feeding - Bolus Method
Skills Checklist

<table>
<thead>
<tr>
<th>Child’s Name: _______________________________</th>
<th>Person Trained: _____________________________</th>
<th>Position: _____________________</th>
<th>Instructor: _____________________</th>
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<tr>
<th>Demo Date</th>
<th>Return Demonstration Date</th>
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A. States name and purpose of procedure.

B. Preparation:
1. Completes at _______________ time(s)
2. ________ ccs (amount)
   Formula/feeding (type of feeding)
3. Feeding to be completed in _______ minutes
4. Position for feeding:
5. Identifies where procedure is done and child’s activity level.
6. Identifies potential problems and appropriate actions

C. Identifies Supplies:
1. NG tube ____________________ (size)
   ____________________ (type)
2. Stethoscope
3. Feeding solution at room temperature
4. 60 cc catheter-tipped syringe
5. Tap water
6. Cap and clamp for tubing

D. Procedure:
1. Washes hands
2. Assembles equipment
3. Positions child
4. Explains the procedure to the child
5. Checks for proper NG placement: (steps 5-10 need to be prescribed for each child)
   a. Connects syringe to NG tubing after removing cap/plug
   b. Places stethoscope over mid-left abdomen and gently pushes in 5-10 cc of air with syringe
   c. Listens with stethoscope and identifies sounds heard with proper placement
6. Aspirates stomach contents by pulling plunger back
7. Measures stomach contents and returns to stomach
8. If volume is over ________ ccs, subtract from feeding
9. If volume is more than _______ ccs, hold feeding
10. Clamps/pinches NG tubing
11. Attaches syringe without plunger to NG tube
12. Pours 30-40 ccs feeding into syringe
13. Opens clamp on NG tubing, allows feeding to run in slowly (the higher the syringe is held, the faster the feeding will flow)

Continued next page
**Nasogastric Tube Feeding - Bolus Method**  
Skills Checklist/page 2

Child’s Name: _______________________________

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<tbody>
<tr>
<td>14.</td>
<td>Adds more formula when liquid is at 5cc mark. Continues to add until feeding is completed over prescribed time (lowers syringe if flow is too fast).</td>
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<td>15.</td>
<td>Makes feeding like mealtime: young children may suck on pacifier</td>
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<td>16.</td>
<td>Flushes NG tube with ______ ccs water</td>
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<td>17.</td>
<td>Pinches or clamps NG tubing. Disconnects syringe</td>
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<td>18.</td>
<td>Clamps and/or caps NG tube.</td>
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<td>19.</td>
<td>Makes sure NG tube is secured</td>
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<td>20.</td>
<td>Keeps the child in feeding position for at least 30 minutes after completing feeding</td>
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<td>21.</td>
<td>Cleans and stores syringe</td>
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<td>22.</td>
<td>Documents feeding and observations in log</td>
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<td>23.</td>
<td>Reports any problems to parents</td>
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Checklist content approved by:

__________________________  ___________________________
Parent/Guardian Signature  Date