

Replacement of a Surgically Placed Gastrostomy Tube in a Pediatric Patient

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Name:	Employee ID #:
Unit:	Title:

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1 and 2 have been scanned and emailed to: hs-cppn@ucdavis.edu

References:

[UC Davis Health Policy 8018: Enteral Tube Feeding for Pediatric and Neonatal Patients](#)

Prerequisite Learning	Date Completed	Verifier Initials
Review UC Davis Health Clinical Policy 8018: Enteral Tube Feeding for Pediatric and Neonatal Patients Review UC Davis Health Standardized Procedure 329: Replacement of a Surgically Placed Gastrostomy and Jejunostomy Tube in a Pediatric Patient		
For initial skill signoff, complete an educational session with the Pediatric Surgery provider or a qualified pediatric nurse specialist		
Choose one of the options below to complete signoff: Initial or Annual		

Option 1: Initial Skill Signoff DAHS-NSCRSPGTPED-INITIAL	Date Completed	Verifier Initials
Demonstrate three successful gastrostomy tube removals and reinsertions on a human or simulated patient (at least one human) under the supervision of the GI or Pediatric Surgery provider or skill verified healthcare provider		
Demonstration 1 (Circle one) human patient/simulated patient		
Demonstration 2 (Circle one) human patient/simulated patient		
Demonstration 3 (Circle one) human patient/simulated patient		

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			Date
			Verifier Initials

Option 2: Annual Skill Signoff DAHS-NSCRSPGPED-ANNUAL		
Ongoing evaluation with a minimum of one gastrostomy tube change annually on a human or simulated patient under the supervision of a skill verified healthcare provider (Circle one) human patient/simulated patient		

VERIFIER SIGNATURE		
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:		
Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature	Date