



Corflo PEG Teaching Plan

**To be used in conjunction with Nursing care plan 27 Gastrostomy Tube & completed daily by the Nurse Caring for the patient
(Use a teaching plan for each individual parent/carer)**

Full Name:
Address:
HCR:
.....

Parent / Carer Name: _____ **Use teaching plan for each individual carer**

Practical Component	YES / NO / N/A	Observed By Parent/Carer Date:	Performed under Supervision By Parent/Carer Date:	Performed under Supervision By Parent/Carer Date:	Performed independently By Parent/ Carer Date:	Performed independently By Parent/Carer Date:
Note: Where learning objectives are tested using questions & answers rather than observation or demonstration indicate same						
1. Information Leaflet given to Parent/Carer:						
2. Medication Advise Leaflet given to Parent/Carer						
3. Safety: Parent / carer explains / demonstrates how to: a. Use a clean technique throughout the procedure, wash their hand correctly, store feeds appropriately, how long feed may be stored once open, need to check correct feed at room temperature, expiry date, required rate, positioning of child during and after feed.						
4. Enteral Feeding Pump: a. Do Parents/Carer need Enteral Feeding Pump Education: Commence ASAP b. Nutricia Contacted by Dietician Date & Time: _____ & _____ c. Formal Enteral Feeding Pump Education from Nutricia performed: Date: _____						
5. Equipment: Parent / Carer demonstrates / explains how to: a. Check of all equipment for integrity b. Feeding pump & alarm systems c. Prime sets & extension set to dispel air d. Clear previous information and set rate & dose e. Flush the tube pre and post feed f. Connect feed to Corflo PEG g. Administer medication via Corflo PEG h. Dispose of all waste & clean equipment (in home environment)						
6. Tube Care: Parent / Carer demonstrates / explains how to: a. Clean and dry the thoroughly b. Change dressing after 24hrs (or as directed by surgical team): Change Dressing daily thereafter for 7-10 days c. Rotate the tube 360 degrees daily. First Rotation 72hr Post Operatively d. Change the Y connector & ensure the clamp is closed prior to removal e. Move clamp position. f. Discuss: open & clean the external fixator on training tube (not to be moved on actual PEG Minimum 4 weeks).						
7. Tube Complications: • Parent/Carer is aware of symptoms that may indicate infection, over granulation, leakage (refer to post insertion care).						
8. Trouble shooting: Parent / Carer explains what to do if: • the tube is blocked, becomes dislodged, • the child develops vomiting, diarrhoea or abdominal discomfort • the stoma is leaking excessively						



Parent / Carer Proficiency Assessment Skill: _____

Date	Feedback	Signature of Nurse / Grade / NMBI No	Signature of Parent / Carer undergoing assessment

Declaration of Proficiency

I, the undersigned, confirm that I have been trained in carrying out the above procedure. I understand the scope of these competencies and agree to carry out the above procedure within the competencies outlined above. I agree to only use this training in respect of the child specifically named _____. I agree that if I have any concerns about my competency, I will stop/discontinue the procedure outlined above and seek advice from a suitably qualified person.

Parent / Carer Signature: _____ **Date:** _____ **Name Block Capitals** _____

The above named person has been trained in the procedure outlined above and is deemed proficient in the care of _____ who has a gastrostomy. The above-named person understands the scope of the competencies and agrees to carry out the procedure within these competencies. They understand and agree to discontinue the procedure if they have any concerns about their competencies.

Nurses Signature: _____ **Date:** _____ **Grade / NMBI No.:** _____