PEG Tube Administration Observation Checklist

Name:	_ Observer:		
Date:	Time:		
	ural Steps	Yes	No
1. Knock on door, greet resident, identifie	es self and explains procedure?		
2. Close door, privacy curtains and window rooms?	w curtains? Even in private		
3. Turn pump off?			
4. Put on gloves?			
5. Disconnect tubing and place in clean are	ea?		
6. Verify placement by Auscultation?			
7. Verify placement by Aspiration?			
8. Administer flush as ordered per gravity	?		
9. Administer medication as ordered per g	gravity?		
10. Reconnect tubing and turn pump on?			
11. Documentation completed on the Med	dication Administration Record?		
Remind the demonstrator to change gloves	s if soiled prior to administering medication.		
Comments both positive as well a	s No:		
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