



Tube feeding Checklist

Student's name:
 Student's code:
 Group Number:
 Attempt's number:

Course name:
 Course code:
 Clinical area:
 Date of evaluation:

Evaluator: ☐ Self ☐ Peer ☐ Instructor

(C) Correct (I) Incorrect (ND) Not Done (NA) Not Applicable (*) Critical Point

Items of Evaluation	Done		ND	NA	Pre-set Score	Final score
	C	I				
<u>Assess patient chart</u>						
▪ Diagnosis					0.5	
▪ Time, amount & type of ordered formula					0.5	
▪ Medications					0.5	
▪ Time, type & amount of last feeding					0.5	
▪ Lab order & values					0.5	
▪ Fluid balance					0.5	
<u>Assess patient</u>						
▪ Vital signs					0.5	
▪ Need for suction					0.5	
▪ Tracheal tube cuff Inflation					0.5	
▪ Bowel sound					0.5	
<u>Assess nasogastric tube</u>						
▪ Placement *					2	
▪ Gastric residual (Volume / Content) *					1	
<u>Assess feeding formula</u>						
▪ Type, color, odor, amount, consistency, temperature, expiry date.					1.5	
<u>Prepare Environment</u>					0.5	
<u>Prepare all necessary equipment</u>					1	
<u>Prepare self (Wash hands and wear gloves) *</u>					2	
<u>Prepare Patient</u>						
▪ Explain the procedure					0.5	
▪ Position patient (Fowler / right Lateral with elevated head of bed "HOB") *					1.5	
▪ Place tissue paper on patient's chest					0.5	
▪ Pinch feeding tube & remove the syringe					1	
▪ Remove plunger from the syringe					1	
▪ Attach barrel to feeding tube					1	



Items of Evaluation	Done		ND	NA	Pre-set Score	Final score
	C	I				
▪ Flush the tube before feeding is started with (30 ml) water. *					2	
▪ Pour feeding formula in the syringe					1	
▪ Unpinch tube & allow feeding to flow in by gravity. *					1.5	
▪ Pinch tube whenever necessary					1	
▪ Flush the tube after feeding is completed with (30 ml) water. *					2	
▪ Pinch feeding tube					0.5	
▪ Disconnect the syringe					0.5	
▪ Close end of feeding tube					0.5	
▪ Wash tommy syringe					0.5	
▪ Reconnect tommy syringe to feeding tube.					0.5	
▪ Keep the rest of formula in the refrigerator. *					2	
Provide post care for Patient					2	
▪ Maintain HOB elevated for at least 30-45 min *					2	
▪ Avoid strenuous activities *					0.5	
▪ Reassure the patient					0.5	
Provide post care for equipment					0.5	
Provide Post care for environment					0.5	
Provide Post care for self *					2	
Record and Report *					2	
Total					40	

Comments:-

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Student signature:-

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Instructor signature:-

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