

Employee Training for Water Flush of G -J Tube

EMPLOYEE Cassie Derner

DATE 2/18/19

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Symptoms and signs requiring physician notification. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Information about contacting nurse or doctor. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Procedure for cleaning/replacing equipment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Location of written procedure and protocol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Other _____. |

**THE STAFF MEMBER HAS SUCCESSFULLY
DEMONSTRATED THEIR SKILL IN PERFORMING THIS
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Cassie Derner

Staff Signature

Melissa P. ...

Nurse Signature

Employee Training for Water Flush of G -J Tube

EMPLOYEE Bryan Qualy

DATE 18 Feb 2019

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Bryan Qualy
Staff Signature

M. [Signature]
Nurse Signature

Employee Training for Water Flush of G -J Tube

EMPLOYEE Bert Seeling

DATE 02/18/19

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Bert Seeling
Staff Signature

M. Porter RN
Nurse Signature

Employee Training for Water Flush of G -J Tube

EMPLOYEE Shirri Okey

DATE 2/18/19

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Yes No N/A

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Shirri Okey
Staff Signature

M. [Signature] WPN
Nurse Signature

Employee Training for Water Flush of G -J Tube

EMPLOYEE Kim Johnson

DATE 2/18/19

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Yes No N/A

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Kim Johnson
Staff Signature

[Signature]
Nurse Signature

Employee Training for Gastrostomy/Jejunostomy (G/J) Tube Feedings, Care, and Management

EMPLOYEE Cassie Derner DATE 2/18/19

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Overview of gastrostomy/jejunostomy cares.
- 2. Equipment necessary for procedure.
- 3. Specific protocol.
- 4. Symptoms and signs requiring physician notification.
- 5. Procedure for contacting nurse or doctor.
- 6. Procedure for cleaning/replacing equipment.
- 7. Location of written procedure and protocol.
- 8. Purpose and effects of procedure.
- 9. Other _____.

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Cassie Derner
Staff Signature

Melissa Post RN
Nurse Signature

Employee Training for Gastrostomy/Jejunostomy (G/J) Tube Feedings, Care, and Management

EMPLOYEE Bryan Qualy

DATE 18 Feb 19

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Bryan Qualy
Staff Signature

M. Boston RN
Nurse Signature

Employee Training for Gastrostomy/Jejunostomy (G/J) Tube Feedings, Care, and Management

EMPLOYEE Ben See Ling

DATE 02/18/19

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Yes No N/A

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Ben See Ling
Staff Signature

M. Pastern UPN
Nurse Signature

Employee Training for Gastrostomy/Jejunostomy (G/J) Tube Feedings, Care, and Management

EMPLOYEE Shurri Oney DATE 2/18/19

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Yes No N/A

- 1. Overview of gastrostomy/jejunostomy cares.
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Shurri Oney Staff Signature [Signature] Nurse Signature

Employee Training for Gastrostomy/Jejunostomy (G/J) Tube Feedings, Care, and Management

EMPLOYEE Kim Johnson

DATE 2/18/19

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- 4. Symptoms and signs requiring physician notification.
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Kim Johnson
Staff Signature

[Signature]
Nurse Signature