



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Professions Licensure

Drug Control Program

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Medication Administration Program (MAP) Notice of Revised Form

MAP Sites – *Gastrostomy/Jejunostomy Management Form*

MAP Policy 14-4 permits medication administration via Gastrostomy (G) or Jejunostomy (J) tube by trained MAP Certified staff to individuals who are clinically appropriate and stable, provided that there is written documentation from a Health Care Provider (e.g., Physician, Nurse Practitioner, Physician Assistant) or Registered Nurse, and that it is appropriate for unlicensed MAP Certified staff to administer medications via the G/J tube to this specific individual.

Documentation should be completed using the revised *Gastrostomy/Jejunostomy Management Form* (attached), which includes the following updates:

- A more descriptive title;
- Titles of all relevant Health Care Providers; and
- Instruction to keep the form in the individual's Medical Record, rather than sending it to a defined person.

After it has been determined that an individual with a G/J tube is a clinically appropriate and stable candidate to have medication administered by MAP Certified staff, MAP Policy 14-4 states that any change in the individual's status requires another evaluation of the individual by a Health Care Provider or Registered Nurse to determine if it is still prudent for MAP Certified staff to administer medications to the individual via G/J tube.

Complete and keep in individual's medical record

Gastrostomy / Jejunostomy Management Form

Date: _____	DPH MAP Registration No. _____
Region: _____	Area/Facility: _____
Class Org.: _____	
Site Address: _____	
Provider Agency _____	

Name of Individual with G/J Tube: _____

Date of Birth: _____

Type of Tube: Gastrostomy
 Jejunostomy

Date of Placement of G/J Tube
(approximate if necessary): _____

Reason for Replacement of G/J Tube:

- Dysphagia
- Chronic Aspiration
- Nutrition Concerns
- Hydration Concerns
- Other: _____
- Unknown

Does this person:

- Receive feedings via their G/J tube?
- Receive hydration via their G/J tube?
- Receive medications via G/J tube?
- Have medications administered via G/J tube by licensed person only?
- Have medications administered via G/J tube by MAP Certified Staff?

I have evaluated this individual and have determined that it is appropriate at this time for MAP Certified, non-licensed staff to be trained to administer medications via their:

(Initial One) _____ Gastrostomy Tube

_____ Jejunostomy Tube

Printed Name of RN or
NP or PA or Physician _____

Phone Number _____

Signature of RN or NP
or PA or Physician _____

Date _____

MAINTAIN IN MEDICAL RECORD