**Appendix 20**

**I** Initial Training

**P** Practical Training

**C1** Competent to practice

**C2** Competent and experienced

**S** Competent to supervise others

**Q** Assessed through questions

**D** Assessed through demonstration

**Competency for Passing a Nasogastric Tube**

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Commenced:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The ‘level reached’ section must be dated and initialled by a Registered Nurse who has achieved this Competency. They must also sign the last page of this record to enable a record of assessors to be kept.

|  |  |  |
| --- | --- | --- |
| **AREA OF CONCERN** | **REQUIRED SKILLS AND KNOWLEDGE** | **LEVEL REACHED** |
|  | **I** | **P** | **C1** | **C2** | **S** |
| 1. Able to understand reason for

nasogastric feeding tube. | * Anatomy & physiology of the gastrointestinal tract and relative position of nasogastric tube. **Q**
* The indications for a nasogastric feeding tube. **Q**
* Any additional problems the child may have that may complicate feeding – reflux, cleft palate. **Q**
* Identify whether the child can take oral food fluid, give a rationale for answer. **Q**
 |  |  |  |  |  |
|  1. To understand the psychological issues of feeding via a nasogastric tube for the child and family.
 | * Preparation of the child appropriate to their level of understanding. **D**
* Importance of oral hygiene and mouth care – how often. **Q**
* The impact that nasogastric feeding has on the child and family. **Q**
 |  |  |  |  |  |
| 1. To understand the safety aspects of inserting a nasogastric tube
 | * Safe hand washing technique. **D**
* Appropriate preparation of equipment and accessibility **Q/D**
* Check all equipment for integrity **Q/D**
* Correct positioning of the child **Q/D**
* Use of appropriate aids (dummy/drinks) **Q/D**
* Identify the risks involved with passing a nasogastric tube **Q**
 |  |  |  |  |  |
| 1. Competent in passing the nasogastric tube
 | * Appropriate NEX measurement taken **Q/D**
* Able to demonstrate correct procedure for passing: (delete as required) **D/Q**
* Corflo silk tube with stylet
* long term tube with guide wire
* short term tube
* Able to demonstrate correct procedure for removal of guide wire/stylet **D/Q**
* Secures tube in place appropriately **D**
* Identifies when to stop procedure **Q/D**
 |  |  |  |  |  |
| 1. Demonstrate understanding

of importance of checking tube position | * Demonstrate how to test for acid reaction with pH indicator strips. **D/Q**
* Able to identify when a tube must be tested (NPSA) **Q/D**
* Able to identify range for positive pH **Q**
* Reasons why acid reaction may not be obtained. **Q**
* What to do if acid reaction is not obtained. **Q/D**
* Reasons that might affect pH level **Q/D**
* Who to contact and when **Q**
 |  |  |  |  |  |
| 1. Competent with daily care

of tube | * Signs of skin irritation and what they would do if this were observed. **Q**
* Rotation of sites each tube insertion **Q/D**
* Identify tapes used to secure and how to obtain **Q**
* Identify when to flush tube and how much water **Q**
 |  |  |  |  |  |
| 7) To be aware of potentialproblems and solutions | * Recognition of feed aspiration into lungs. **Q**
* What to do if tube is blocked. **Q/D**
* What to do if tube becomes dislodged. **Q/D**
* What to do if a child develops vomiting and or coughing **Q/D**
* Identifies need to re check pH before restarting tube feed **Q/D**
* What to do if child develops diarrhoea or abdominal discomfort. **Q**
* Who to contact for advice. **Q**
 |  |  |  |  |  |
| 8) Show awareness ofimportance of record keeping | * Accurate, appropriate documentation **Q**
* Use of nasogastric tube placement checklist **Q/D**
* Use of nasogastric tube feeding checklist **Q/D**
* Who to report to. **Q**
 |  |  |  |  |  |
| 9) Demonstrate awareness of safety aspects when feeding via a nasogastric tube | * Storage of feed and equipment. **Q/D**
	+ Sterile / un-sterile. **Q**
	+ Where to store. **Q**
	+ Duration it can be opened for and stored for. **Q**
* Need to check correct feed at correct temperature, expiry date, required rate, look and smell of feed. **Q/D**
* Importance of checking tube position prior to feed. **Q/D** (external markings/tapes)
* Correct positioning of child during and after feed. **Q/D**
* Clean environment for feed. **Q**
* Aware of risk with overnight continuous feeding **Q**
 |  |  |  |  |  |
| 5) Competent feeding via a nasogastric tube using the equipment required | * All appropriate equipment checked for integrity and placed accessibly **Q/D**
* Able to set up Feeding pump and understand alarm systems for **Q/D**
* Flushing tube before and after feed as specified in care plan. **Q/D**
* Able to identify why flushing is important **Q**
* Appropriate storage and usage of single use devices **Q/D**
 |  |  |  |  |  |

Individual levels assessed by**: Name initials Signature**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian competency**

I certify that the person named on this document is competent to carry out the procedure detailed above and that I have current N.M.C. registration and have been assessed as competent within this area.

Overall competency: - **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_

**I, the below named parent/guardian, certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will not carry out procedures, which are contrary to or not covered by this training**

**I will seek further training if I have any concerns about my competency.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

**East London NHS Foundation Trust staff**

I certify that the person named on this document is competent to carry out the procedure detailed above and that I have current N.M.C. registration and have been assessed as competent within this area.

Overall competency: - **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_

**I, the below named staff, certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will not carry out procedures, which are contrary to or not covered by this training. As a registered nurse I will take responsibility to seek further training if I have any concerns about my competency. In all other respects I will seek all necessary advice, guidance, and further training needed from time to time in order for me to continue to operate within these competencies. The competency may be withdrawn with immediate effect if my practice is considered to be unsafe or incorrect. An action plan to correct this would then be devised in conjunction with my line manager and appropriate trainer.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_