

Direct Observation of Practice Record

Key skill observed: Administration of bolus Nasogastric and Orogastric tube feed

Date	Practitioner name	Mentor name
Standards description.		
Comments- in depth knowledge and understanding displayed and ability to perform role.		
Further learning objectives identified.		

Level	Description
1	Knows nothing about the skill
2	Doubts knowledge and ability to perform the skill safely, without supervision.
3	Could perform the skill safely with supervision.
4	Confident of knowledge and ability to perform the skill safely.
5	Could teach knowledge and skill to others and can demonstrate initiative and adaptability to special problem situations.

(Hodge. R 2003, clinical competencies for cardiac nursing, south Devon Hospital Trust)

Rating (please circle as appropriate)

1 2 3 4 5

Signatures:

Practitioner		Mentor	
Please print		Please print	

Individual Staff Key Skill/Competency Register

Staff name:

Administration of bolus Nasogastric/Orogastric tube (NGT/OGT) feeds

Assessment date:

I have read the trust flow chart for safe positioning of gastric tubes and the care plan. I am competent, as indicated, in the administration of bolus naso and orogastric feeds.

Name of Candidate:		Signature of Candidate:	
Name of Mentor:		Signature of Mentor:	

Review Dates with mentor signature

Key Skill	Year 1 Date and Sign	Year 2 Date and Sign	Year 3 Date and Sign	Year 4 Date and Sign
Administration of bolus Naso/Oro Gastric Tube Feed				

Administration of bolus Nasogastric/Orogastric tube (NGT/OGT) feeds

KSF dimension HWB2, HWB 5. Knowledge and Understanding criteria

By the end of the assessment the practitioner should demonstrate knowledge and understanding and be able to:

	Level of achievement	Evidence to support practice	Mentor signature
1. Discuss the rationale for the frequency of bolus feeds			
2. Discuss the indications and contraindications for bolus gastric tube feeding			
3. Discuss the health and safety, infection control and standard precautions applicable to the procedure			
4. Discuss the potential complications associated with bolus gastric tube feeds and how to manage them			
5. Discuss the actions to take if pH is greater than 5.5 or aspirate cannot be obtained			
6. Discuss the assessment and action to be taken regarding Volume of gastric aspirate Nature of gastric aspirate			

Performance Criteria

By the end of the assessment the practitioner should demonstrate performance and be able to undertake the following

	Level of achievement	Evidence to support practice	Mentor signature
1. Checks rationale regarding the need for nasogastric or orogastric tube feeding			
2. Explains the procedure to patient/parent/carer and obtain consent and appropriate documentation in notes.			
3. Ensure oxygen, suction, resuscitation equipment is available and ready for use			
4. Collects equipment and feed following Trust protocol for checking feeds			
5. Follows local policies for additives to feed e.g. breast milk fortifier, Thick & Easy, Gaviscon etc.			
6. Confirms the correct placement of gastric tube following Trust flow chart for safe positioning of gastric tubes. Checks the documented length of the tube.			
7. Administers feed safely: Demonstrates awareness of patient tolerance to feed Demonstrates attention to hygiene Assesses potential risks during feed and responds appropriately			
8. Correctly disposes used equipment at end of feed			
9. Documents the procedure including: Date and time of feed Type of feed pH reading Whether the feed was tolerated			