

Competency for Registered Staff in Nasogastric Tube Insertion and Management

Name: _____ **Designation:** _____

Assessor: _____ **Designation:** _____

Ward/Dept: _____

Aim:	To safely insert and manage a patient competently with a nasogastric tube
Objectives:	The practitioner will be able to: <ul style="list-style-type: none"> - Demonstrate an understanding of the knowledge and skills necessary for insertion of a nasogastric tube - Demonstrate competency in performing the procedure
Update:	Competence and training requirements to be reviewed at appraisal as per Adult Nasogastric tube insertion procedure and management policy

Training Prerequisite

Prior to this assessment, I have successfully completed the following:

Prerequisite Training	Yes/No	Date
NG training - Face to Face or E-learning		
Read the current Adult nasogastric tube insertion procedure and management policy		
Read the current adult nasogastric and gastrostomy tube feeding guidelines		
Has basic knowledge of the Upper GI Tract and route of NG tube		

Candidate Signature: _____ **Date:** _____

Assessment Criteria	Competent Y/N
1. Describes the indications for insertion of a fine bore and wide bore NG tube	
2. Describes when it is unsafe to insert a NG tube	
3. Demonstrates pre-procedure requirements with regard to checking patient identity, explaining procedure to patient, gathering correct equipment, checking safety equipment and positioning the patient, including use of sticker / Innovian	
4. Perform the procedure as per hospital policy	
5. Can recognise and act on signs of pain or respiratory distress	
6. Describes and demonstrates the correct confirmation of the NG tube	
7. Can troubleshoot if unable to obtain aspirate or pH above 5.5	

Assessment Criteria (continued)	Competent Y/N
8. Describes what is required if aspirate is unobtainable or pH above 5.5 for NG position check	
9. Aware of the correct documentation required post procedure	
10. Describes when and how often position of the NG tube should be checked during the duration of use	
11. Describes indications that NG tube may have moved and what action and checks to perform	
12. Describes correct actions for administering medications via NG tube. Aware of the legal implications of crushing drugs or opening capsules. Aware that enteral nutrition can affect the efficacy of some medications and that expert advice from a Pharmacist should be sought	
13. Describes or demonstrate safe NG tube removal and documentation necessary	
14. Abides by infection control policies and procedures at all times when handling NG tubes	

ASSESSOR

I certify that _____ has completed all of the required aspects of this competency

Signed: _____ Print Name: _____

Designation: _____ Date: _____

CANDIDATE

I confirm that I have had theoretical and practical training on the insertion and management of nasogastric tubes and I consider myself to be confident and competent to use this bio-medical device without further training. I agree to comply with trust policies and procedures at all times.

Signed: _____ Print Name: _____

Designation: _____ Date: _____

MANAGERS AUTHORISATION

Manager's signature providing authority for practitioner to use this Bio-medical Device

Signed: _____ Print Name: _____ Date: _____

ACTION PLAN (if competencies not achieved)

If not competent must remain under supervision until assessed as competent, if still not competent after second attempt manager must refer to performance management policy and date must be planned for reassessment of competence

Assessor's signature: _____ Candidates signature: _____

Date of Reassessment: _____

Storage of this completed assessment document and associated evidence should remain with the managers training records and assessment of competence should be recorded on Health Roster. Any medical device training that has taken place must be recorded on OLM under the appropriate training category.