

**Trainee Name:**

**Child's Name/DOB:**

## Nasogastric Tube Passing: Initial Competency Sheet

Minimum of TWO supervised practices, to be supervised by a Registered nurse (RN) who has previously been assessed as competent.

Number & Action		Date of Initial training session:		Date of Supervised practice:		Date of Supervised practice:		Date of assessment of competence:	
		RN sign	Trainee sign	RN sign	Trainee sign	RN sign	Trainee sign	RN sign	Trainee sign
1	Trainee can explain the reasons why some individuals may require enteral tube feeding								
2	Trainee can demonstrate an understanding of the anatomy and physiology in relation to passing a nasogastric tube.								
3	Trainee can identify & explain: - specific risks associated with this procedure -The make of tube being used, care of the tube and how long it can remain in place - When the nasogastric tubes needs to be tested to confirm placement								
4	Trainee can demonstrate and explain: -Good hand hygiene -Correct measurement of the nasogastric tube (NEX) -Correct positioning of the child in preparation for passing tube								
5	Trainee can confidently and safely: -Pass the nasogastric tube to the required length - Secure tube and remove guidewire								

<b>6</b>	Trainee can obtain aspirate and confirm appropriate pH reading to confirm placement.  - Can explain what action to take if unable to obtain aspirate/ aspirate is not in range of acceptable pH								
<b>7</b>	On completion of procedure Trainee is aware of standard precautions of infection control and can demonstrate appropriate procedure for cleaning any reusable items and disposal/recycling of non -reusable items.								

**Action plan/comments**

**Parents/guardians will have competence discussed and reviewed at their child's annual review. To maintain skill and competence, the trainee should undertake the skill on a regular basis.**

**Trainee and Nurse Assessor must sign below prior to passing a nasogastric tube without supervision**

<b>Trainee</b>	<b>Print name, signature &amp; date</b>	<b>Nurse assessor</b>	<b>Print name, signature &amp; date</b>
I have received training and been assessed as competent. I am willing to pass nasogastric feeding tubes without supervision.  I will not allow anybody to pass nasogastric tubes on the named child unless trained and assessed to do so by the Paediatric Enteral Feeding Team.		The named person has received training to pass nasogastric tubes on the above-named child and has been assessed as competent to carry out the procedure unsupervised.	