



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Training Development Portfolio and Competency Record

## NASOGASTRIC (NG) FEEDING TUBE

- INSERTION COMPETENCIES
- &
- MAINTENANCE COMPETENCIES

Name:  
Department:  
Date of Training:

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## **Assessment of Competence**

### **NG Insertion**

Trainee is to observe a minimum of 3 successful NG tube insertion procedures. Document each in Observed Practice Assessment (page 7)

Trainee is to perform a minimum of 3 supervised successful NG tube insertions. Document each procedure in Supervised Practice Assessment (page 8)

### **NG Maintenance**

Trainee is to observe a minimum of 3 successful NG tube maintenance procedures. Document each in Observed Practice Assessment (page 10)

Trainee is to be supervised undertaking a minimum of 3 successful NG tube maintenance procedures. Document each observation in Supervised Practice (page 11)

Trainee signed off as competent by manager/practice educator.

One copy must be given to manager for trainee's personal file. Master copy is to be retained by practitioner to provide evidence of completion.

## **Standards for the Assessor**

### **Criteria for this Role**

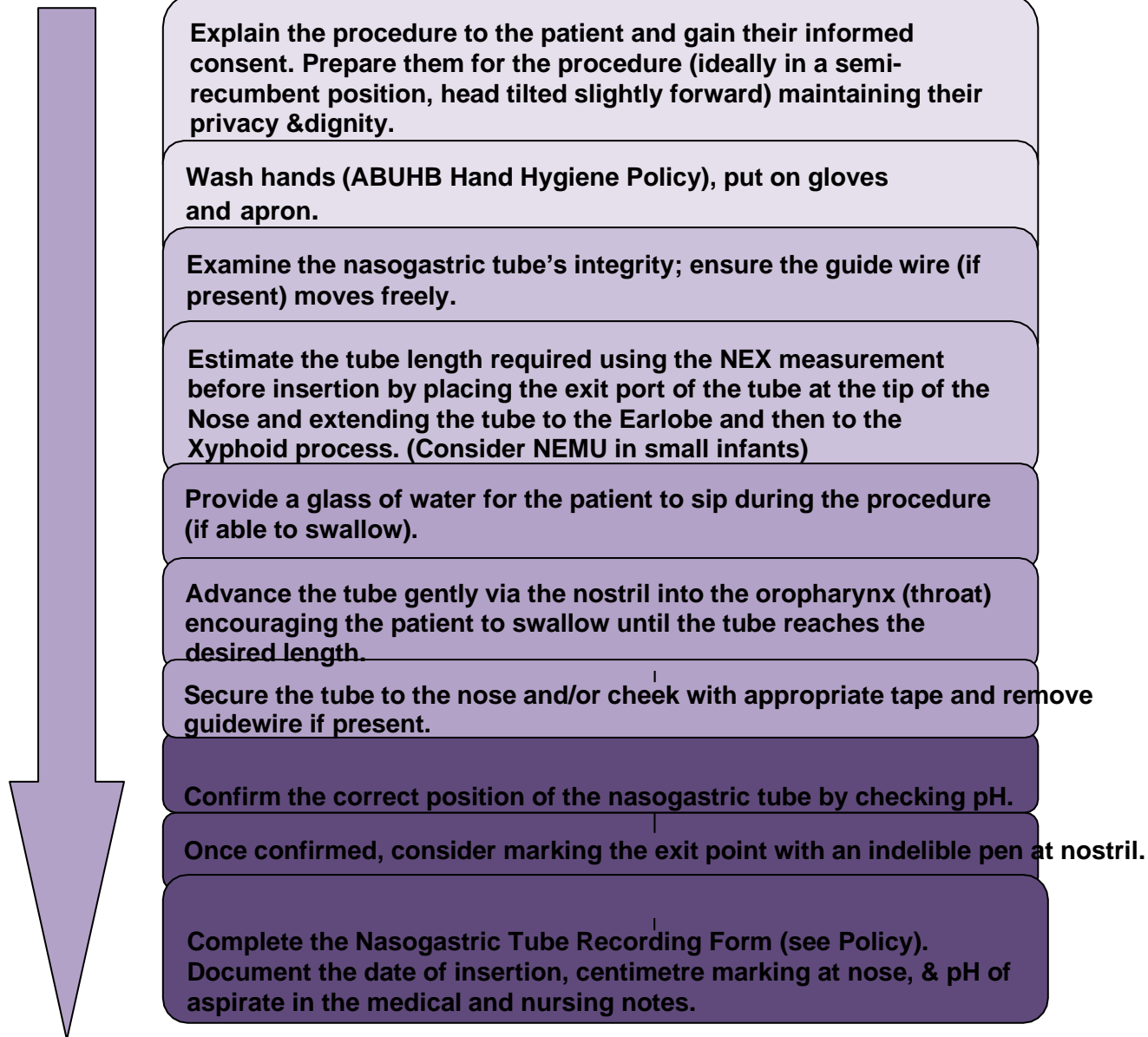
- Is clinically current and competent to practice.
- Is able to provide evidence of maintained competence and updated knowledge and skills.
- Able to demonstrate the ability to assess competence using the suggested guidelines.

### **The assessor must acknowledge their accountability when signing to confirm competence to practice**

- You must establish that anyone you delegate is competent to carry out your instructions.
- You must confirm that the outcome of any delegated task meets these required standards.
- You must make sure that everyone you are responsible for is supervised and supported.

## **Procedure for passing a fine bore**

### **Nasogastric feeding tube**



**Please Note: The tube should not be flushed until the position has been confirmed. The National Patient Safety Agency has reported incidents where NG tubes have been flushed with water, which has reacted with the tube lubricant and provided a false pH reading**

For full ABUHB Clinical Policy:

~~Nasogastric Feeding Tube Policy (Insertion and Care of Nasogastric Feeding Tubes in Adults)~~  
**Nasogastric Feeding Tube Policy**  
**Insertion and Maintenance of Nasogastric Feeding Tubes in Infants, Children and**

## Trainee Practitioners Details

<b>Name</b>	
<b>Payroll Number</b>	
<b>Job Title</b>	
<b>Department</b>	
<b>Clinical Skill</b>	<b><i>NASOGASTRIC (NG) FEEDING TUBE INSERTION</i></b>
<b>Date Commenced</b>	
<b>Date Completed</b>	
<b>Aim and Objectives</b>	
<p><b>Aim</b> The aim of this structured training programme is to prepare the practitioner to undertake the insertion of Nasogastric (NG) feeding tubes using a safe and accurate technique, demonstrating competent practice.</p> <p><b>Competent Practice can only be achieved following:</b></p> <ul style="list-style-type: none"> <li>• Successful completion of all components of the Structured Training Development Portfolio</li> <li>• Submission of the signed 'Completion Document' to Education and Development</li> </ul> <p><b>Objectives</b> <i>On successful completion of this programme the practitioner should be able to correctly:</i></p> <ul style="list-style-type: none"> <li>• Discuss the rationale for the insertion of a feeding tube</li> <li>• Demonstrate an understanding of the anatomy and physiology related to the passing of a NG tube</li> <li>• Demonstrate correct measurement of the tube pre-insertion</li> <li>• Demonstrate correct positioning of the patient during insertion of the tube</li> <li>• Aspirate the tube to confirm correct placement</li> <li>• Document pH and external tube length</li> <li>• Troubleshoot if no aspirate obtained/ pH too high.</li> </ul>	

## NG feeding tube Insertion - Observed Practice Assessment

*Please complete the following as evidence of observed practice*

Observed Practice			
Assessor's name	Clinical Area Ward/Department	Date	Assessor's Signature
1.			
2.			
3.			

Further observations are optional and can be undertaken if requested by the Trainee

Assessor's name	Clinical Area Ward/Department	Date	Assessor's Signature
1.			
2.			
3.			

Observed Practice Completed		
Date:	Trainee Signature	Assessor's Signature



## NG feeding tube Insertion - Supervised Practice Assessment

Please complete the following as evidence of supervised practice

Supervised Practice	Date Commenced	Date Completed		
	Print Name	Signature		
Assessor	1.			
Assessor	2.			
Assessor	3.			
This form is an assessment tool enabling the trainee to discuss the rationale for each action and will provide evidence of supervised practice and progression of the practical skill				
Skills Required		Achieved = √ Not achieved = X		
		1	2	3
A. To be aware of the rationale for NG tube				
B. Demonstrates an understanding of anatomy and physiology related to the passing of the NG tube				
C. Demonstrate awareness of tube used, care and pre-use checks				
D. Demonstrate correct measurement of the tube pre-insertion				
E. Demonstrate effective hand hygiene				
F. Demonstrate correct positioning of the patient to place NG tube				
G. Correct passage and securing of the tube to the required length				
H. Aspirate the tube to confirm correct placement				
I. Remove guide wire safely if present				
J. Document pH and external tube length correctly				
I confirm that I have received the above training and that I fully understand and feel competent to perform this skill and am familiar with the related ABUHB policies.				
Name & Signature of Trainee				
Name & Signature of Assessor				
Date:				

## Trainee Practitioners Details

<b>Name</b>	
<b>Payroll Number</b>	
<b>Job Title</b>	
<b>Department</b>	
<b>Clinical Skill</b>	<b><i>NASOGASTRIC (NG) FEEDING TUBE MAINTENANCE</i></b>
<b>Date Commenced</b>	
<b>Date Completed</b>	
<b>Aim and Objectives</b>	
<p><b>Aim</b> The aim of this structured training programme is to prepare the practitioner to undertake the maintenance of Nasogastric (NG) feeding tubes demonstrating competent practice.</p> <p><b>Competent Practice can only be achieved following:</b></p> <ul style="list-style-type: none"> <li>• Successful completion of all components of the Structured Training Development Portfolio</li> <li>• Submission of the signed 'Completion Document' to Education and Development</li> </ul> <p><b>Objectives</b> <i>On successful completion of this programme the practitioner should be able to correctly:</i></p> <ul style="list-style-type: none"> <li>• Troubleshoot if no aspirate obtained or pH too high</li> <li>• Once position confirmed, flush the tube appropriately with water prior to feed or medicine administration (unless contraindicated) and afterwards with water and air.</li> <li>• Administer medications appropriately using the tube.</li> <li>• Demonstrate appropriate positioning of patient during tube use and immediately afterwards.</li> <li>• Demonstrate competency in use of feeding pump (where appropriate)</li> </ul>	

## NG feeding tube Maintenance - Observed Practice Assessment

*Please complete the following as evidence of observed practice*

Observed Practice			
Assessor's name	Clinical Area Ward/Department	Date	Assessor's Signature
1.			
2.			
3.			

Further observations are optional and can be undertaken if requested by the Trainee

Assessor's name	Clinical Area Ward/Department	Date	Assessor's Signature
1.			
2.			
3.			

Observed Practice Completed		
Date:	Trainee Signature	Assessor's Signature

A

## NG feeding tube maintenance - Supervised Practice Assessment

*Please complete the following as evidence of observed practice*

Supervised Practice	Date Commenced	Date Completed		
	Print Name	Signature		
<b>Assessor</b>	1.			
<b>Assessor</b>	2.			
<b>Assessor</b>	3.			
<i>This form is an assessment tool enabling the trainee to discuss the rationale for each action and will provide evidence of supervised practice and progression of the practical skill</i>				
Skills Required	Achieved = √ Not achieved = X			
	1	2	3	
<b>A. Confirming tube placement –</b> - Why necessary/when to check - Checking NG tube external length - Check pH to confirm placement - Troubleshoot if difficulties obtaining aspirate - Refer to policy documents				
<b>B. Flushing of tube with water/air</b> - Why necessary - Water type to be used				
<b>C. Administration of medications</b> - Water flush between medications - Single use of syringes in hospital				
<b>D. Trainee Competent in use of Feeding pump (if appropriate)</b>				
<b>E. Position during feeding</b> - Head elevated minimum 30 degree angle and for 30 minutes post-feed				
<b>F. Observation of Skin Integrity of NG site</b>				
I confirm that I have received the above training and that I fully understand and feel competent to perform this skill and am familiar with the related ABUHB policies.				
Name & Signature of Trainee				
Name & Signature of Assessor				
Date:				

## Completion Checklist NG feeding tube Insertion and Maintenance

This assessment document must be completed by Manager/ Practice Educator to verify successful completion of the whole programme (evidence required)

**NB. If only have completed one element (Insertion or Maintenance) please highlight which**

<b>Name and payroll number</b>		<b>Job title</b>	
<b>Organisation</b>		<b>Department</b>	
<b>Assessor name</b>		<b>Clinical skill</b>	
<b>Date Commenced:</b>		<b>Completed:</b>	
<i>The practitioner will be able to discuss the rationale for the following actions and provide evidence to demonstrate competency in the practical application of the skill</i>			
<b>Required Components</b>	<b>Insertion Achieved</b>	<b>Date</b>	<b>Maintenance Achieved</b>
1. Completed period of observed practice			
2. Completed period of supervised practice			
3. Able to discuss professional accountability			
4. Understands the importance of maintaining competence			
5. Read and understood relevant policies			
<b>Competency agreed for insertion and maintenance of Nasogastric Tubes I agree to maintain my clinical competence in line with the Organisational policy</b>			
<b>Date:</b>	<b>Trainee Signature</b>	<b>Print Name</b>	

**Manager or Practice Educator:**

I am satisfied that the above-named practitioner has undertaken the necessary training and has successfully completed the related competency programme.

**Sign..... Print name .....**

**Date.....**

Please photocopy this document, retain one copy for the practitioners' personal file,  
send one copy to Practice Educator