

Competencies for the Insertion of Naso or Oro-gastric Tubes

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For use in: East of England Neonatal Units.

Name of person being assessed:	
Job Title	
Ward/Department:	
Directorate:	
Assessor:	

Objective:

To demonstrate competence in the skill named above. The staff member must achieve all the stated criteria at the level of competent practitioner (Benner taxonomy).

“Competent practitioners are consciously aware of long-term effects of their actions. They are able to plan the most satisfactory outcome of a situation, and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation”.

Failure to achieve the level of competent practitioner will require the staff member to agree an action plan with the assessor or Ward Manager to be completed within an acceptable timeframe.

Learning objectives: Is the nurse safe to practice, can they?		Level 3 competence achieved Yes/No	N/A Not applicable
1.	To risk assess the need for insertion of gastric tubes/contraindications		
2.	How to appropriately measure the tube		
3.	To know how to test gastric tubes for correct tube position		
4.	The correct syringe type and size to obtain an aspirate		
5.	How to safely secure the tube and the skin care required		
6.	What to do in the event of a high pH		
7.	What to do in the event of no aspirate		
8.	To discuss safety factors relating to feeds and medicines		
9.	To know how to vent air from the stomach for patients who I. Have had bag and mask ventilation II. Are on nasal CPAP III. Have abdominal distension		
10.	The requirement for free drainage and how to do this		
11.	What to do in the event of obtaining a large aspirate		
12.	What to do in the event of obtaining a discoloured aspirate		
13.	What to do in the event of obtaining an aspirate with blood, bile		
14.	Frequency of aspirations and testing the tube		
15.	Relevant paperwork that needs to be completed once the tube has been inserted		
16.	Discuss when to change the tube		
17.	The size of the aspirate which will allow feeds to continue as normal		
18.	Complications of inserting the tube		



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19.	Complications of a displaced tube		
20.	Discuss when it's appropriate to x-ray		
21.	Discuss the implications of using a displaced tube		

Competency Statement

_____ is assessed as competent/not competent* to practice the aforementioned skill.
(Delete as applicable)

Signed: _____ Assessor: _____ Date: _____

Signed: _____ Staff name: _____ Date: _____

If the user is assessed as not competent an action plan needs to be outlined below and agreed.

Action Plan

Criteria Number	Objective in which competence was not achieved	Actions to address competence	By whom	Date

The above action plan has been agreed between the Assessor and user to address areas of competence.

Signed: _____ Assessor: _____ Date: _____

Signed: _____ Staff name: _____ Date: _____

One copy of the completed competency assessment form should be held in the staff personnel record and one copy given to the employee for their portfolio.