

# Competency Verification Record

## UVA Health

### Enteral Tube Feeding Preparation for PCTs

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Successful completion is documented on the Annual Competency Record (ACR) or Department Specific Competency Form using the following competency statement(s):

**Competency Statement(s):** PCT will demonstrate correct preparation of enteral tube feeding

**Evaluator(s):** Competency Verification Record will be signed by RN

**Method of validation (circle one):**

DO	Direct Observation – Return demonstration or evidence of daily work.
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
S	Simulation
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.

**Note:** This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; **the Annual Competency Record is used to document competency.** . (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Preparation <ul style="list-style-type: none"> <li>• Confirm type of feeding with RN</li> <li>• Gather tube feed and appropriate tubing</li> <li>• Confirm two patient identifiers</li> <li>• Attach patient ID label to feed bag</li> <li>• Write initials and date/time on label</li> </ul>	D/DO	
Implementation <ul style="list-style-type: none"> <li>• Perform hand hygiene</li> <li>• Don appropriate PPE</li> <li>• If using a water flush, add water to flush bag close top of bag tightly</li> <li>• Open tube feed and add to feed bag</li> <li>• Load the tubing into Kangaroo pump</li> <li>• Press Prime on the menu bar</li> <li>• Press AUTO PRIME-the pump will automatically prime the line</li> <li>• Pump will display AUTO PRIME COMPLETE</li> <li>• When priming complete, turn pump off, secure tubing and notify RN to connect tube feed to patient</li> </ul>	DO	

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<b>Demonstrated Skill</b> <b>Behaviors for Competency (Critical Behaviors in Bold)</b>	<b>Method of Validation</b>	<b>Evaluator's Initials</b>
Completion <ul style="list-style-type: none"> <li>• Remove PPE</li> <li>• Perform Hand Hygiene</li> <li>• Document type of tube feeding prepared</li> </ul>	D/DO	

**References:**

[Lippincott Procedures: Enteral Feeding](#)

*Competency Verified by:*

\_\_\_\_\_  
 Evaluator's Name (printed)                      Evaluator's signature                      Date: \_\_\_\_\_