

Enteral Tube Feeding Preparation for PCTs
Competency Verification Record
University of Virginia Health System

Employee Name: _____ Employee ID #: _____ Date: _____

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).

Instructions:

Demonstrated Skill:	Evaluator's Initials
Confirm type of feeding with RN	
Gather feeding bottle and appropriate tubing	
Attach patient ID label to bottle – write initials and date/time on the label	
Cleanse hands, apply gloves	
If using water flush, add water to flush bag	
Spike bottle, twisting to secure tubing	
Prime tubing using Kangaroo pump	
When tubing is primed, turn pump off, secure tubing, and notify RN to connect feeding to patient.	
Document type of feeding prepared	

Competency Verified by:

Evaluator's Name (printed) Evaluator's signature Date: _____