

**Competency Verification Record**  
**UVA Health**  
**Proper Technique for setting up a syringe pump tube feeding**

**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):** Demonstrates proper technique for setting up a syringe pump tube feeding.

**Evaluator(s):** RN or PCT/CNA once evaluated

**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).

**Instructions:** Each skill should be observed or discussed with an RN and documented on this form.

<b>Demonstrated Skill</b> <b>Behaviors for Competency (Critical Behaviors in Bold)</b>	<b>Method of Validation</b>	<b>Evaluator's Initials</b>
Verifies LIPs order including right patient, prescribed enteral formula, administration method, volume and rate		
Verbalizes necessary equipment and supplies for syringe feeding		
Demonstrates standard precautions to draw up syringe feed and prime enteral administration set		
Demonstrates ability to label enteral administration set with date and time		
Demonstrates set-up of syringe pump and notifying RN to check placement and start feed		

**Critical Elements:**

**References:**

*Lippincott "Enteral tube feeding, gastric"*

*Competency Verified by:*

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

CVR Template created 11/10/2018; Revised 11/21/2018, 3/2020

Name of CVR: Setting up and Syringe Pump Feeding Tube; Date of CVR: 4/15/2021

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