

UVA Health Medical Center  
**Competency Verification Record (CVR)**  
**Small Bore Feeding Tube (SBFT) Insertion using**  
**Electromagnetic Guidance System (CORTRAK\* 2 EAS™)**  
**Role: Registered Nurse**

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

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

**Digital Documentation:** Successful completion is documented within digital course placement attestations.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

<b>Competency Statement:</b>	<ul style="list-style-type: none"> <li>Demonstrate set-up, use, and troubleshooting of the <i>CORTRAK* 2 EAS™</i></li> <li>Demonstrate proper insertion and placement of enteral feeding tube using the <i>CORTRAK* 2 EAS™</i></li> </ul>																
<b>Validator(s):</b>	CORTRAK Super Trainer																
<b>Validator Documentation Instructions:</b>	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.																
<b>Method of Validation:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">DO</td><td>Direct Observation – Return demonstration or evidence of daily work.</td></tr> <tr> <td>T</td><td>Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.</td></tr> <tr> <td>S</td><td>Simulation</td></tr> <tr> <td>C</td><td>Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.</td></tr> <tr> <td>D</td><td>Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.</td></tr> <tr> <td>R</td><td>Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.</td></tr> <tr> <td>QI</td><td>Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.</td></tr> <tr> <td>N/A</td><td>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.</td></tr> </table>	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.
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<b>Validation Instructions:</b>	<p><b>Final Competency Validation/Verification</b> requires direct observation with CORTRAK Trainer of three (3) successful enteral feeding tube placements using the CORTRAK* 2 EAS™ system.</p> <p><b>Ongoing Competency Validation:</b> Perform at least 12 SBFT placements utilizing the EMPD system per year. Validation will be documented utilizing the Annual Competency Form.</p> <ul style="list-style-type: none"> <li>Number of clinician specific placements will be provided through CORTRAK* 2 EAS™ System reports.</li> <li>Clinicians who do not meet the annual ongoing validation requirements must re-attend the Training Class and perform a single proctored tube insertion by a Cortrak trainer to maintain competency.</li> </ul>																

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**Date CVR Created:** 9-13-2015

**Date CVR Revised:** 4/21/2025

**Subject Matter Expert(s):** Kristi Kimpel, Richard Boitnott, Amy Ortiz, Laruen Bedard, Marcia (Marcy) White

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Validator's Initials	Validator's Initials	Validator's Initials
		Insertion #1	Insertion #2	Insertion #3
Pre-Requisites				
<ul style="list-style-type: none"><li><b>Class pre-work:</b> Completion of <i>Enteral Feeding Tube Insertion Using an Electromagnetic Guidance system (CORTRAK* 2 EAS™)</i> digital course and post-test</li><li><b>Class:</b> Attends the CORTRAK* 2 EAS™ Training Class</li></ul>	T			
Pre-Insertion				
Verifies presence of Licensed Provider (LIP) “enteral tube insertion” order panel for insertion of small-bore feeding tube (SBFT) in the Electronic Health Record (EHR)	DO			
<b>Identifies patient utilizing two identifiers: Name and Medical record number.</b>	DO			
Reviews “ <i>SBFT Insertion Using Guidance Systems</i> ” in the Critical Care (Nursing) Procedure Manual. <ul style="list-style-type: none"><li>Taking special note of the contraindications section</li></ul>	DO			
Reviews patient history for presence of relative contraindications for nasal or oral placement of small-bore feeding tubes (SBFT).	DO			
Consults with LIP if a large-bore feeding tube needs to be removed prior to the insertion of SBFT	DO			
Gathers all supplies: <ul style="list-style-type: none"><li>CORTRAK* 2 EAS™ Monitor</li><li>CORTRAK Feeding tube</li><li>Tap water</li><li>Stethoscope</li><li>Enteral syringe</li><li>Water soluble lubricant jelly</li><li>Non-sterile gloves/PPE</li><li>Waterproof drape</li><li>Skin prep solution(s)</li><li>Hy-Tape pink tape for securement of SBFT or Bridle (if ordered)</li><li>Enteral tube bridle (if ordered)</li></ul>	DO			
Performs hand hygiene and dons non-sterile gloves	DO			

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Positions the <i>CORTRAK</i> monitor to: <ul style="list-style-type: none"> <li>○ Allow room for the interconnect cable to attach to the stylet/feeding tube to clearly visualize the imaging screens</li> </ul>	DO			
Turns <i>CORTRAK</i> Monitor unit ON <ul style="list-style-type: none"> <li>○ Log in to enter patient information</li> <li>○ Press "New Placement"</li> </ul>	DO			
Flushes the tube with water and let it drain out to lubricate the stylet for easy removal	DO			
Lubricates approximately 6cm of the end of the feeding tube by dipping in water or by using water soluble lubricant	DO			
Connects the <i>CORTRAK</i> interconnect cable on the monitor to the feeding tube stylet	DO			
Positions the top of "Smart-Receiver-Unit" (SRU) at xiphoid process parallel to the spine <ul style="list-style-type: none"> <li>○ Secures SRU in position/location (taping to skin if necessary)</li> <li>○ Identifies increased risk of erroneous tracings in agitated patients, as the SRU may move, altering the tracing on the display monitor</li> <li>○ <b>Heart Center: mechanical circulatory devices</b> that utilize magnetic impellers can cause electromagnetic interference (EMI), which has the potential to cause erroneous CORTRAK tracings.</li> </ul>	DO			
<b>Insertion</b>				
Positions patient's chin to chest (if patient condition allows) <ul style="list-style-type: none"> <li>○ Inserts tube, without forcing, to 5-10 cm and stop</li> </ul>	DO			
Presses start button located on the SRU or on monitor display	DO			
Instructs patient to swallow if able <ul style="list-style-type: none"> <li>○ Gives sips of water or ice chips if allowed</li> <li>○ Advances tube to coincide with the swallowing maneuver</li> </ul>	DO			

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Utilizes all on-screen visualization views to guide tube advancement (anterior, lateral and depth cross section)	DO			
Without forcing the tube, advance to ~60cm (5 cm less for oral insertion or shorter patient) while assessing patient for any signs/symptoms of tracheal/pulmonary placement: <ul style="list-style-type: none"> <li>○ Coughing, decreased in the O2 saturation, change in voice, vent alarms not otherwise explained, hearing air through the tube, unexpected resistance</li> </ul>	DO			
Identifies gastric placement of feeding tube utilizing the anterior view by: <ul style="list-style-type: none"> <li>○ Identification of presence of backward "C" shape on the monitor screen</li> <li>○ Aspiration <ul style="list-style-type: none"> <li>▪ Verbalizes understanding that in isolation auscultation of air bubble or aspiration of gastric secretions are not reliable methods of final confirmation of tube placement</li> </ul> </li> </ul>	DO			
Verbalizes/Performs strategies for post-pyloric placement if <b>ordered/required</b> by patient condition <ul style="list-style-type: none"> <li>○ Air insufflation of stomach (240-420ml of air)</li> <li>○ Advancement of tube in slow increments of 1-2 cm</li> <li>○ Uses the anterior view to track the relative position of feeding tube tip</li> <li>○ Uses the depth cross section scree to identify "drop" in depth on monitor to demonstrate small bowel placement</li> <li>○ Toggles to lateral view for visualization of small bowel placement in the abdomen below the level of diaphragm</li> </ul>	DO D			

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Secures tube using one of the following techniques to avoid pressure on nares: <ul style="list-style-type: none"> <li>• Skin prep, Hy-Tape (pink tape), &amp; spiral taping technique</li> <li>• Bridle per procedure (tube in groove, string in wing, &amp; clip at lip) is recommended for tubes requiring extended dwell time</li> </ul>	DO			
Press "End" on the Monitor display or the orange button on the SRU	DO			
Disconnects the electromagnetic transmitting stylet from the interconnect cable.	DO			
Press "Close" on system monitor <ul style="list-style-type: none"> <li>○ Presses "Log Out"</li> <li>○ Turns the monitor off</li> </ul>	DO			
Leaves monitor plugged into AC receptacle to maintain battery charge	DO			
<b>Post-Insertion</b>				
Confirms placement via X-ray with LIP before use and LIP enters EHR order "enteral tube: clear for use" <ul style="list-style-type: none"> <li>○ <i>Note:</i> this order requires LIP to attest to correct tube placement by either documented radiology report or direct discussion with radiology prior to enteral nutrition or medication instillation</li> </ul>	DO			
Once placement is confirmed, <u>carefully</u> removes stylet from the feeding tube <ul style="list-style-type: none"> <li>○ Cleans stylet with 70% isopropyl alcohol</li> <li>○ Stores stylet in plastic bag with patient identification label</li> </ul>	DO			
Keeps stylet with patient belongings for additional insertion use	DO			

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Disinfects <i>CORTAK* 2 EAS™</i> components per hospital/manufacturer policy	DO			
Documents procedure in the EHR: <ul style="list-style-type: none"> <li>○ Add SBFT to Line/Drains/Airways flow sheet</li> <li>○ Document depth of SBFT at time of insertion</li> </ul>	DO			
Discards supplies and perform hand hygiene	DO			
Verbalizes maintenance expectations: <ul style="list-style-type: none"> <li>• Q Shift assessment of nares</li> <li>• Verifies tube is free floating in nare</li> <li>• Cleanses tube/securement at the nares</li> <li>• Checks for adequate securement and documents tube depth</li> </ul>	D			

**Insertion #1 Competency Verified by:**

\_\_\_\_\_  
*Validator's Name (printed)*                      *Validator's signature*                      Date: \_\_\_\_\_

**Insertion #2 Competency Verified by:**

\_\_\_\_\_  
*Validator's Name (printed)*                      *Validator's signature*                      Date: \_\_\_\_\_

**Insertion #3 Competency Verified by:**

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*Validator's Name (printed)*                      *Validator's signature*                      Date: \_\_\_\_\_

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**References:**

- *Critical Care (Nursing) Procedure Manual:* [Small Bore Feeding Tube Insertion & Nursing Care](#)
- *Critical Care (Nursing) Procedure Manual:* [Small-Bore Feeding Tube Insertion Using Guidance Systems](#)

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