

**Competency Verification Record (CVR)**  
**UVA Health**  
**Small Bore Feeding Tube (Blind) Insertion - RN**

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.

**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>	<b>Demonstrates safe small bore feeding tube insertion using blind method</b>
<b>Validator(s):</b>	Competency Verification Record will be signed by <b>RN Super Trainer</b> whose competency has been validated.
<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>  (Place any required methods for this competency in bold)	<input checked="" type="checkbox"/> <b>DO</b> Direct Observation – Return demonstration or evidence of daily work.
	<input type="checkbox"/> <b>T</b> Test: Written or oral assessments, surveys, or worksheets, passing grade on a CBL test.
	<input type="checkbox"/> <b>S</b> Simulation
	<input type="checkbox"/> <b>C</b> Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
	<input type="checkbox"/> <b>D</b> Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
	<input type="checkbox"/> <b>R</b> Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
	<input type="checkbox"/> <b>QI</b> Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
	<input type="checkbox"/> <b>N/A</b> 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.
<b>Validation Instructions:</b>	<p><b>Pre-requisites:</b></p> <ol style="list-style-type: none"> <li>1. Demonstrates proficiency in end-tidal CO2 detector per <a href="#">manufacturer procedure</a></li> <li>2. Reviews the Clinical Pearls in the <b>Small Bore Enteral Feeding Tube - Blind Placement CBL</b>.</li> <li>3. Reviews <a href="#">Nursing Clinical Policy: Enteral Tubes: Small Bore (Adult)</a>.</li> <li>4. <b>Demonstrates at least three (3) successful insertions.</b></li> </ol> <p><b>*If competency target for practitioner includes post-pyloric placement, at least one placement will include successful post-pyloric placement*</b></p>

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Written by: D. Topley; V. Buffmire  
 Revised: D. Mahanes; P. Merrel; N. McLamb  
 Reviewed: L. Longley  
 Revised: K. Wilkins  
 Reviewed: SBFT Workgroup  
 Revised: K. Wilkins  
 Revised: K. Wilkins  
 Subject Matter Expert: Kristi Kimpel Wilkins

Date Written: 4/10/2015  
 Date Revised: 3/23/2019  
 Date Reviewed: 3/25/2019  
 Date Revised: 9/22/2020  
 Date Reviewed: 12/08/2020  
 Date Revised: 10/01/2023  
 Date Revised: 3-25-2024

## Competency Verification Record (CVR)

### UVA Health

### Small Bore Feeding Tube (Blind) Insertion - RN

<b>Ongoing Competency validation:</b>	<b>Annually, once per performance appraisal year</b> , a Super Trainer will revalidate clinician competency for a single SBFT placement. Validation will be documented utilizing Annual Competency Form.
---------------------------------------	--

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> <li>• Verifies presence of Licensed Provider (LIP) order for insertion of small-bore feeding tube (SBFT) in the Electronic Health-Record (EHR)</li> </ul>		
<ul style="list-style-type: none"> <li>• Reviews patient history for presence of relative contraindications for nasal or oral placement of SBFT as outlined in <a href="#">Lippincott</a> &amp; <a href="#">Critical Care Nursing Procedures</a></li> </ul>		
<ul style="list-style-type: none"> <li>• Consults with LIP if a large-bore decompression tube is in place, to determine if tube will be removed or maintained</li> </ul>		
<ul style="list-style-type: none"> <li>• Consults with LIP if patient is anxious or unable to cooperate with SBFT placement                             <ul style="list-style-type: none"> <li>○ Obtains order for Anxiolysis if appropriate</li> <li>○ If procedural sedation is required, follow appropriate procedures. A second person should be present to provide assistance and monitoring.</li> <li>○ <b>Consider second person to assist with placement in patient who is agitated, unable to follow directions or who has decreased airway protection reflexes</b></li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Gathers supplies:                             <ul style="list-style-type: none"> <li>○ Small bore feeding tube</li> <li>○ Tap water or sterile water</li> <li>○ CO2 Colormetric Detection Device</li> <li>○ Stethoscope</li> <li>○ Water soluble lubricant jelly</li> <li>○ PPE (non-sterile gloves, mask with shield or mask/goggles)</li> <li>○ Skin prep solution(s)</li> <li>○ Hy-Tape pink tape for securement of SBFT</li> <li>○ Enteral syringe</li> <li>○ For attempted post-pyloric placement:                                     <ul style="list-style-type: none"> <li>▪ Three-way stopcock to assist with gastric insufflation (in combination with 60 ml enteral syringe)</li> </ul> </li> <li>○ Enteral tube bridle if ordered</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Positions patient as upright as clinically appropriate</li> </ul>		
<ul style="list-style-type: none"> <li>• Measures the patient to determine length of feeding tube required to enter the stomach</li> </ul>		

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Written by: D. Topley; V. Buffmire  
 Revised: D. Mahanes; P. Merrel; N. McLamb  
 Reviewed: L. Longley  
 Revised: K. Wilkins  
 Reviewed: SBFT Workgroup  
 Revised: K. Wilkins  
 Revised: K. Wilkins  
 Subject Matter Expert: Kristi Kimpel Wilkins

Date Written: 4/10/2015  
 Date Revised: 3/23/2019  
 Date Reviewed: 3/25/2019  
 Date Revised: 9/22/2020  
 Date Reviewed: 12/08/2020  
 Date Revised: 10/01/2023  
 Date Revised: 3-25-2024

## Competency Verification Record (CVR)

### UVA Health

### Small Bore Feeding Tube (Blind) Insertion - RN

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> <li>• Prepares tube:                             <ul style="list-style-type: none"> <li>○ Flushes tube with water to lubricate the stylet for easy removal (allow water to drain out)</li> <li>○ Occludes the vented port if applicable</li> <li>○ Lubricates tube with water soluble lubricant</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Positions patient's chin to chest (if patient condition allows)</li> </ul>		
<ul style="list-style-type: none"> <li>• Inserts tube, without forcing, until the tip is in the posterior pharynx (depth of approximately 15 cm), then pauses</li> </ul>		
<ul style="list-style-type: none"> <li>• Instructs patient to swallow if able                             <ul style="list-style-type: none"> <li>○ Gives sips of water or ice chips if allowed, or moistens mouth with swab</li> <li>○ Advances tube to coincide with the swallowing maneuver</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Without forcing, slowly advances tube, stops at 30 cm to check for presence of CO2:                             <ul style="list-style-type: none"> <li>○ With tube at 30 cm, attaches CO2 detector and bellows</li> <li>○ Makes sure other port of tube is occlusive</li> <li>○ Compresses bellows and allows to passively recoil, monitoring for color change (repeats at least 3 times)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• If no CO2 is detected, continues to slowly advance tube to pre-measured distance</li> </ul>		
<ul style="list-style-type: none"> <li>• Verbalizes/Performs strategies for post-pyloric placement <b>if required</b> by patient condition                             <ul style="list-style-type: none"> <li>○ Position patient on right side with HOB elevated 30-40 degrees if patient condition allows</li> <li>○ With tube at ~60 cm, attach three-way stopcock and 60 ml enteral syringe</li> <li>○ Insufflate stomach with 240-420 ml of air</li> <li>○ Advance tube slowly in 1-2 cm increments to ~80-85 cm</li> <li>○ With tube at ~80-85 cm, listen for high-pitched tinkling while injecting approximately 60 ml of air</li> <li>○ Inability to aspirate the large amount of air used to insufflate the stomach <i>MAY</i> indicate post pyloric placement</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Secures tube using skin prep, Hy-Tape (pink tape), and spiral taping technique to <u>avoid pressure on the nares</u></li> </ul>		
<ul style="list-style-type: none"> <li>• Notifies LIP enteral tube placement is ready for x-ray confirmation</li> </ul>		
<ul style="list-style-type: none"> <li>• Leaves stylet in place until X-ray completed and reviewed by LIP                             <ul style="list-style-type: none"> <li>○ Acknowledges the auscultation of air bubbles and aspiration of gastric secretions are not reliable methods for final confirmation of tube placement</li> </ul> </li> </ul>		

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Written by: D. Topley; V. Buffmire  
 Revised: D. Mahanes; P. Merrel; N. McLamb  
 Reviewed: L. Longley  
 Revised: K. Wilkins  
 Reviewed: SBFT Workgroup  
 Revised: K. Wilkins  
 Revised: K. Wilkins  
 Subject Matter Expert: Kristi Kimpel Wilkins

Date Written: 4/10/2015  
 Date Revised: 3/23/2019  
 Date Reviewed: 3/25/2019  
 Date Revised: 9/22/2020  
 Date Reviewed: 12/08/2020  
 Date Revised: 10/01/2023  
 Date Revised: 3-25-2024

## Competency Verification Record (CVR)

### UVA Health

### Small Bore Feeding Tube (Blind) Insertion - RN

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> <li>• Confirms placement via X-ray with LIP before use and LIP enters EHR order "enteral tube: clear for use"</li> </ul>		
<ul style="list-style-type: none"> <li>• After placement is confirmed:                             <ul style="list-style-type: none"> <li>○ Removes stylet</li> <li>○ Marks tube with an indelible marker at the point at the tip of the patient's nose/lip to identify the depth of tube placement</li> <li>○ Documents SBFT placement in EHR</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Troubleshooting:                             <ul style="list-style-type: none"> <li>○ Identifies signs of tracheal/pulmonary placement (including coughing, change in oxygen saturation, change in voice, or detection of CO2)</li> <li>○ Verbalizes appropriate actions (removes tube, notifies LIP, monitors patient)</li> </ul> </li> </ul>		

*Competency Verified by:*

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

*Competency Verified by:*

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

*Competency Verified by:*

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

**Reference:**

1. [Nursing Clinical Policy: Enteral Tubes: Small Bore \(Adult\)](#)

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Written by: D. Topley; V. Buffmire  
 Revised: D. Mahanes; P. Merrel; N. McLamb  
 Reviewed: L. Longley  
 Revised: K. Wilkins  
 Reviewed: SBFT Workgroup  
 Revised: K. Wilkins  
 Revised: K. Wilkins  
 Subject Matter Expert: Kristi Kimpel Wilkins

Date Written: 4/10/2015  
 Date Revised: 3/23/2019  
 Date Reviewed: 3/25/2019  
 Date Revised: 9/22/2020  
 Date Reviewed: 12/08/2020  
 Date Revised: 10/01/2023  
 Date Revised: 3-25-2024