

Competency Verification Record

UVA Health

Administering Nasogastric or Orogastric Feedings When Floating to the NICU

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): The Mother Baby or L&D nurse will demonstrate the administration of a feeding via a nasogastric or orogastric tube using a Medfusion 3500 Syringe Pump.

Evaluator(s): Alicia Shifflett, RN; Dee Dee Yoder, RN; Autumn Maxey, 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).

Instructions: Use the standard workflow tip sheet provided to complete the following steps

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Verifies placement at the start of shift using the aspiration/auscultation technique. Notes the centimeter (cm) mark at the nare or lip.	DO/T/R	
Identifies correct supplies needed for feeding administration.	DO	
Verifies feed amount to be given and time over which the feed should run.	DO	
Verifies right patient using 2 patient identifiers.	DO	
Fills oral syringe with correct feed amount and displaces air.	DO	
Verifies the cm mark at nare or lip prior to each use of the tube. (If the cm mark has not changed from initial assessment, you do NOT need to continue with aspiration/auscultation).	DO	
Attaches feed tubing to syringe and primes tubing with feed.	DO	
Loads syringe correctly into Medfusion pump.	DO	
Turns Medfusion pump on and selects "BD" for syringe type.	DO	
Selects "Volume/Time" for bolus feed.	DO	

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Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Enters correct feed volume per order and correct duration of feed. (Most feeds run over 30 minutes)	DO	
Scrubs the hub with 2 alcohol pads for 15 seconds each prior to administering a feed through a NG/OG tube.	DO	
Connects the feed tubing to NG or OG tube and presses "Start" to begin feeding.	DO	
Once feeding is complete, disconnects feed tubing from NG or OG tube and clamps/caps to prevent reflux of stomach contents or hangs from top of isolette to allow to vent, if ordered.	DO	
Verifies that feed tubing set is good for up to 4 hours (usually 2 feeds).	DO/T/R	
Verbalizes understanding that NICU staff will place/replace NG or OG tube, as needed.	T/R	

Critical Elements:

References:

Competency Verified by:

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