



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	Administration of Tube Feeding

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Goal: The patient receives the tube feeding without complaints of nausea or episodes of vomiting.			
A. Assemble equipment. Check amount, concentration, type, and frequency of tube feeding on patient's chart. Check expiration date of formula.			
B. Perform hand hygiene and put on PPE, if indicated.			
C. Identify the patient.			
D. Explain the procedure to the patient and why this intervention is needed. Answer any questions as needed.			
E. Assemble equipment on overbed table within reach.			
F. Close the patient's bedside curtain or door. Raise bed to a comfortable working position, usually elbow height of the caregiver (VISN 8, 2009). Perform key abdominal assessments as described above.			
G. Put on gloves.			
H. Position patient with head of bed elevated at least 30 to 45 degrees or as near normal position for eating as possible.			
I. Put on gloves. Unpin tube from patient's gown. Verify the position of the marking on the tube at the nostril. Measure length of exposed tube and compare with the documented length.			
J. Attach syringe to end of tube and aspirate a small amount of stomach contents			
K. Measure the pH of aspirated fluid using pH paper or a meter. Place a drop of gastric secretions onto pH paper or place small amount in plastic cup and dip the pH paper into it. Within 30 seconds, compare the color on the paper with the chart supplied by the manufacturer.			
L. Visualize aspirated contents, checking for color and consistency.			
M. If it is not possible to aspirate contents; assessments to check placement are			

inconclusive; the exposed tube length has changed; or there are any other indications that the tube is not in place, check placement by x-ray.			
N. After multiple steps have been taken to ensure that the feeding tube is located in the stomach or small intestine, aspirate all gastric contents with the syringe and measure to check for the residual amount of feeding in the stomach. Return the residual based on facility policy. Proceed with feeding if amount of residual does not exceed agency policy or the limit indicated in the medical record.			
O. Flush tube with 30 mL of water for irrigation. Disconnect syringe from tubing and cap end of tubing while preparing the formula feeding equipment. Remove gloves.			
P. Put on gloves before preparing, assembling, and handling any part of the feeding system.			
Q. Administer feeding.			
R. When Using a Feeding Bag (Open System)			
1. Label bag and/or tubing with date and time. Hang bag on IV pole and adjust to about 12" above the stomach. Clamp tubing.			
2. Check the expiration date of the formula. Cleanse top of feeding container with a disinfectant before opening it. Pour formula into feeding bag and allow solution to run through tubing. Close clamp.			
3. Attach feeding setup to feeding tube, open clamp, and regulate drip according to the medical order, or allow feeding to run in over 30 minutes.			
4. Add 30 to 60 mL (1–2 oz) of water for irrigation to feeding bag when feeding is almost completed and allow it to run through the tube.			
5. Clamp tubing immediately after water has been instilled. Disconnect feeding set up from feeding tube. Clamp tube and cover end with cap.			
S. When Using a Large Syringe (Open System)			
1. Remove plunger from 30- or 60-mL syringe.			
2. Attach syringe to feeding tube, pour premeasured amount of tube feeding formula into syringe, open clamp, and allow food to enter tube. Regulate rate, fast or slow, by height of the syringe. Do not push formula with syringe plunger.			
3. Add 30 to 60 mL (1–2 oz) of water for irrigation to syringe when feeding is almost completed, and allow it to run through the tube.			
4. When syringe has emptied, hold syringe high and disconnect from tube. Clamp tube and cover end with cap.			
T. When Using an Enteral Feeding Pump			
1. Close flow-regulator clamp on tubing and fill feeding bag with prescribed formula. Amount used depends on agency policy. Place label on container with patient's name, date, and time the feeding was hung.			
2. Hang feeding container on IV pole. Allow solution to flow through tubing.			
3. Connect to feeding pump following manufacturer's directions. Set rate. Maintain the patient in the upright position throughout the feeding. If the patient needs to temporarily lie flat, the feeding should be paused. The feeding may be resumed after the patient's position has been changed back to at least 30 to 45 degrees.			
4. Check placement of tube and gastric residual every 4 to 6 hours.			
U. Observe the patient's response during and after tube feeding and assess the abdomen at least once a shift.			
V. Have patient remain in upright position for at least 1 hour after feeding.			
W. Remove equipment and return patient to a position of comfort. Remove gloves. Raise side rail and lower bed.			
X. Put on gloves. Wash and clean equipment or replace according to agency policy. Remove gloves.			

Y. Remove additional PPE, if used. Perform hand hygiene.			
Z. Document care provided			

- Employee is competent to perform the above tasks independently and without supervision
- Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	