



### Competency Checklist

|                                   |   |
|-----------------------------------|---|
| <b>Date:</b>                      |   |
| <b>Employee Name:</b>             |   |
| <b>Preceptor/Evaluator's Name</b> |   |
| <b>Competency:</b>                | <b>Nasogastric Tube Insertion and Removal</b> |

#### 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<br>1 2 3 | Evaluated by: |
|--|---------|------------------------------|---------------|
| Gather all necessary supplies including: <ul style="list-style-type: none"> <li>• Single lumen Levin tube or double lumen Salem sump tube</li> <li>• Water soluble lubricant</li> <li>• Tape</li> <li>• Towel</li> <li>• Flashlight</li> <li>• Emesis basin</li> <li>• Clean gloves</li> <li>• Stethoscope</li> <li>• Tongue blade</li> <li>• Glass of water with straw</li> <li>• 20ml syringe</li> <li>• Clamp or safety pin with rubber hand</li> </ul> |         |                              |               |
| Introduce self, identify patient with ID band and explain procedures, check patient's allergies  |         |                              |               |
| Provide privacy for patient  |         |                              |               |
| Follows standard precautions, washes hands according to CDC guidelines, wears gloves   |         |                              |               |
| Position client at 45° angle or higher with head elevated  |         |                              |               |
| Drape towel across the chest   |         |                              |               |
| Examine nostrils, select the most patent for NG tube insertion   |         |                              |               |
| Measure from tip of nose to earlobe to xiphoid process of the sternum to determine appropriate length for tube insertion   |         |                              |               |
| Mark measurement on tube with tape   |         |                              |               |
| If tube is to go below stomach, add an additional 15-25 cm   |         |                              |               |
| Lubricate first 4 inches of tube with water-soluble lubricant  |         |                              |               |
| Insert tube through nostril to back of throat and down   |         |                              |               |
| Instruct client to take sips of water through a straw to assist with tube insertion  |         |                              |               |
| Instruct client to flex head   |         |                              |               |

|  |  |  |  |
|--|--|--|--|
| Use flashlight to locate tip of tube at back of throat   |  |  |  |
| Advance tube, give the client sips of water, until taped mark is reached   |  |  |  |
| Inject 10 ml of air through NG tube and listen with the stethoscope over the stomach, or aspirate gastric content and check pH to verify placement |  |  |  |
| Tape tube securely to nose   |  |  |  |
| Clamp end of tube or connect it to suction or drainage bag   |  |  |  |
| Secure tube with pin to client's gown, allowing for head movement  |  |  |  |
| Provide oral and nasal hygiene   |  |  |  |
| Remove all equipment and discard in the appropriate container  |  |  |  |
| Remove gloves and wash hands   |  |  |  |
| Position client for comfort  |  |  |  |
| Document findings  |  |  |  |

- 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 |  |