



Nasogastric Tube Feeding Competencies
for Parents/Carers on the Neonatal Unit
and Transitional Care

Patient details/Patient sticker

A separate sheet is needed for each care giver.

When Parents sign they are confirming they have been given training, practised with supervision, accept responsibility and feel confident and competent to perform NGT feeding.

Statement of Competency	Parent /Carer Signature & Date <small>(when education has been received)</small>	Nurse Signature & Date
I have received, read and understood a copy of the Network ‘Tube Feeding your Baby on the Neonatal Unit & Transitional Care (August 2018)’		
I have been shown the hand washing technique and use this prior to administering feed/medication via nasogastric tube. I will apply alcohol gel before I start the procedure		
I have been given a demonstration of nasogastric tube feeding by the nursing staff including: <ul style="list-style-type: none"> • Positioning • Skincare • Visual observation 		
I am aware of the risks associated with this procedure (i.e. potential for milk aspiration): <ul style="list-style-type: none"> • It has been explained to me what to do if my baby coughs, chokes, gags, vomits, becomes unwell or changes colour whilst feeding • I know what to do if my baby vomits and at the same time the nasogastric tube becomes dislodged 		
I am able to gather the correct equipment to nasogastric tube feed my baby: <ul style="list-style-type: none"> • Correct size of syringe • pH paper 		
I have been shown how to check the nasogastric feeding tube is securely attached		
I have been shown how to check the nasogastric feeding tube is in at the correct length and documented on the feeding chart		
I have been taught how to gently aspirate the nasogastric tube to check the tip of the nasogastric tube is in the correct position (stomach), immediately prior to every nasogastric tube feed		

I have been taught how to test the stomach aspirate on pH paper. I understand the result range on the pH paper must be 1-5. Between 5-6 I must consult a member of staff.		
If 6 or above I must not feed my baby. If my baby has taken some feed orally I will wait 10-15 minutes then retest the pH. If it remains above 6 I will inform the nurse caring for my baby		
I know what a normal aspirate (clear/milky) looks like and to call for help if green/yellow or blood stained		
Gravity / Plunge Feeding (delete as appropriate)		
Gravity Feeding		
I am able to draw up the milk feed into the syringe and attach the syringe correctly to the nasogastric tube prior to commencing feed		
Before starting to feed my baby, I will check the temperature of the milk (not cold or too warm)		
I am able to ensure the milk flows slowly in to my baby's tummy depending on how high or low I hold the syringe		
Plunge Feeding		
I am able to draw up the milk feed into the syringe and attach the syringe correctly to the nasogastric tube prior to commencing feed		
Before starting to feed my baby, I will check the temperature of the milk (not cold or too warm)		
I am able to ensure the milk flows slowly in to my baby's tummy by pushing gently on the syringe plunger		
I know how to remove the syringe and replace the cap on the nasogastric tube for winding mid feed and at the end of the feed		
I know where to dispose of all the equipment when the feed has been completed		
I will not let anyone else tube feed my baby who hasn't been trained to do so by the Neonatal staff		
I know what to do if the nasogastric tube is pulled out, dislodged or any other concern		

Please ensure assessment is carried out over a period of time to ensure parents/carers are consistently competent. The amount of supervised nasogastric tube feeds will be dependent on each parent/carer individual need and nursing staff need to assess and complete the training log however, a minimum of 3 assessments should be completed before competence is agreed:

Date	Staff Signature & Designation	Comments

Nurse/Parent/Carer must sign prior to completing nasogastric tube feeds without supervision:

Parent/Carer	Print Name, Sign & Date
I have received training, been assessed and feel safe and able to undertake the above competencies. I am willing to take responsibility for feeding my baby using a nasogastric tube without supervision.	
Nurse	Print Name, Sign & Date
I have provided the above training to the parent named above and assessed their competence. I consider them ready to take responsibility for feeding their baby by nasogastric tube without supervision.	

A copy of this document must be sent with the parents when transferring from one neonatal unit to another.

Nurse/Parent/Carer to complete following transfer to another neonatal unit:

Parent/Carer	Print Name, Sign & Date
<p>I have received training at (referring hospital name). The staff at (receiving hospital name) have demonstrated any differences in procedures and I have been shown where equipment is kept.</p> <p>I am willing to continue to have responsibility for feeding my baby using a nasogastric tube without supervision.</p>	
Nurse	Print Name, Sign & Date
<p>I have ensured that the parent named above has been assessed as competent to continue nasogastric tube feeding and has been shown where equipment is kept and any differences in procedures from the referring hospital.</p> <p>I consider them able to continue to take responsibility for feeding their baby by nasogastric tube without supervision.</p>	