

About this Unit

This standard covers the insertion of nasogastric tubes following agreed protocols and procedures as and when directed. All of these activities must be undertaken using an aseptic technique.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you apply standard precautions, gain consent and select the equipment and materials for the activity. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, how you ensure the tube is correctly positioned, drainage bags are attached and the individual is comfortable on completion of the activity.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to inserting and securing nasogastric tubes.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of applying standard precautions to inserting and securing nasogastric tubes and the potential consequences of poor practice.	
5 The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
6 The conditions and constraints which might denote who undertakes this procedure and why.	
7 What valid consent means and why it must be obtained and confirmed prior to actions being taken.	
8 The anatomy of the upper gastro-intestinal tract in relation to inserting nasogastric tubes.	
9 The physiology of the stomach and small intestine in relation to potential contents of gastric aspirate.	
10 The following regarding the stomach/intestinal fluid: (a) the normal appearance and content of stomach/intestinal fluid (b) potential abnormal appearance and content of stomach/intestinal fluid depending on the individual's presenting medical condition	
11 Potential sources of contamination when inserting nasogastric tubes and appropriate measures to reduce or deal with them.	
12 The potential consequences of contamination of equipment and materials used for the insertion of nasogastric tubes.	
13 How aseptic technique contributes to the control of infection.	
14 Why individuals should be supported and told about the nature of the insertion of the nasogastric tube.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
15 The concerns and worries which individuals or client groups may have in relation to some clinical procedures.	
16 The adverse reactions which may occur during and following procedures and how to identify and deal with these.	
17 The importance of offering effective verbal and non-verbal support and reassurance to patients when you insert nasogastric tubes.	
18 The effective methods of providing verbal and non-verbal support and reassurance to patients.	
19 The types of nasogastric tubes that can be used and why you should select that most appropriate for the individual.	
20 The topical anaesthetic agents.	
21 The importance of maintaining the correct level of cleanliness for the insertion of nasogastric tubes.	
22 The importance of following procedures for the insertion of nasogastric tubes exactly as specified, and the potential effects of not doing so.	
23 The importance of packing up used equipment and materials and covering receptacles containing nasogastric aspirate prior to leaving the immediate care area.	
24 How and where to dispose of: (a) used equipment and materials (b) nasogastric aspirate	
25 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	
26 The following regarding records: (a) the importance of keeping accurate and up to date records (b) the specific records required for reporting on the insertion of nasogastric tubes	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Apply standard precautions for infection prevention and control and take other appropriate health and safety measures.							
2	Check the individual's identity and confirm the planned activity.							
3	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
4	Gain valid consent to insert the nasogastric tube.							
5	Select and confirm all equipment and materials for inserting the nasogastric tube is: (a) appropriate to the procedure (b) fit for purpose							
6	Ensure the individual is positioned in a way that will: (a) ensure their safety and comfort (b) facilitate insertion of the nasogastric tube							
7	Insert the nasogastric tube in compliance with the correct protocols and procedures: (a) at an appropriate time according to the individual's plan of care (b) using appropriate techniques (c) using equipment in line with manufacturer's instructions (d) in a manner which optimises the patient's comfort and dignity and minimises pain and trauma							
8	Observe the individual throughout the activity, recognise and report any condition or behaviour which may signify adverse reactions to the activity and take the appropriate action.							
9	Ensure the nasogastric tube is correctly positioned in the stomach.							
10	Ensure the drainage bags are securely attached in a way that prevent discomfort and promotes dignity of the individual.							
11	Ensure the individual is made comfortable following insertion of the nasogastric tube and dispose of waste according to agreed procedures.							

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
12 Observe nasogastric aspirate for any change in appearance and promptly inform the appropriate member of the care team.							
13 Measure and record the volume of aspirate and correctly using the required documentation.							
14 Seek assistance promptly from an appropriate person should it be required at any stage.							
15 Dispose of waste appropriately.							
16 Record clearly, accurately, and correctly any relevant information in the necessary records.							

DO = Direct Observation
 EW = Expert Witness
 PD = Professional Discussion

RA = Reflective Account
 P = Product (Work)

Q = Questions
 WT = Witness Testimony

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: