

**MM Comp 6b – V01**

**Ratified MOC - March 2020 – Issued May 2020**

**Review – May 2023**

Management and Administration of Feeds via Peg & Peg-j and Oral Nutritional Supplements (ONS)

Competency Assessment

For Assistant Practitioners

Employee Name …………………………………………………….

Job Title …………………………………………………….

Place of Work …………………………………………………….

Assessor Name …………………………………………………….

Date of Assessment …………………………………………………….

Employee Name ……………………………………………………

1. Knowledge

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Criteria | Assessment  Method | Meets  Standard | Does Not  Meet  Standard | Comments |
| **1.1** The nurse can describe the need for the Peg/Peg-j feed / ONS in the context of the patients care plan including any requirements of consent to treatment. | Verbal  During interview |  |  |  |
| **1.2** The nurse considers the dosage, method of administration, route of administration and timing of the administration **and how the Peg/Peg-j feed / ONS may impact on medication** | Verbal  During interview |  |  |  |
| **1.3** The nurse can explain the procedure for ordering Peg/Peg-j feeds / ONS in both routine and emergency / out of hours situations | Verbal  During interview |  |  |  |
| **1.4** The nurse can describe the general principles of the safe custody and storage of Peg/Peg-j feeds / ONS | Verbal  During interview |  |  |  |
| **1.5** The nurse is aware of the different Peg/Peg-j feeds / ONS and their indications for use. | Verbal  During interview |  |  |  |
| **1.6** The nurse can demonstrate the use of a feeding pump. | Verbal  During interview |  |  |  |

2. Administration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Criteria | Assessment  Method | Meets  Standard | Does not  Meet  Standard | Comments |
| **2.1** The nurse checks the patient’s allergy status | Observation During Medication round |  |  |  |
| **2.2** The nurse checks that each Peg/Peg-j / ONS has not already been administered. | Observation During Medication round |  |  |  |
| **2.3** The nurse checks that the prescription is legible and valid. | Observation During Medication round |  |  |  |
| **2.4** The nurse identifies the name of each Peg/Peg-j feed / ONS | Observation During Medication round |  |  |  |
| **2.5** The nurse checks the time of administration each Peg/Peg-j feed / ONS | Observation During Medication round |  |  |  |
| **2.6** The nurse checks the route of administration of each Peg/Peg-j feed / ONS | Observation During Medication round |  |  |  |
| **2.7** The nurse checks the dose of each Peg/Peg-j feed/ ONS | Observation During Medication round |  |  |  |
| **2.8** The nurse checks the expiry date of each Peg/Peg-j feed / ONS | Observation During Medication round |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Criteria | Assessment  Method | Meets  Standard | Does not  Meet  Standard | Comments |
| **2.9** The nurse identifies the patient correctly | Observation During Medication round |  |  |  |
| **2.10** The nurse reassures the patient and ensures that they are suitably prepared for administration as follows:   * Consenting to enteral feed / ONS * Are at least 30° head up in a comfortable position either in bed or in a chair and can remain upright for 30 minutes post administration. | Observation During Medication round |  |  |  |
| **2.11** Equipment is prepared for administration as appropriate to individual needs (refer to enteral feeding PGN if necessary) | Observation During Medication round |  |  |  |
| **2.12** Peg/Peg-j feed is administered as per enteral feed PGN. | Observation During Medication round |  |  |  |
| **2.13** The nurse ensures that the patient is comfortable and has maintained dignity throughout and upon completion. | Observation During Medication round |  |  |  |
| **2.14** The nurse makes a clear, accurate and immediate record of all Peg/Peg-j feed / ONS administered, intentionally withheld or refused by the patient. | Observation During Medication round |  |  |  |
| **2.15** The nurse demonstrates an awareness of the importance of completing the medication round with as little disruption as possible. | Observation  Verbal discussion |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Action Plan | Date by which action  Should be achieved | Date of  Reassessment | Outcome and  signatures |
|  |  |  |  |

|  |
| --- |
| Assessors Comments  Signature  Date: |

|  |
| --- |
| Nurses Comments  Signature  Date |

|  |
| --- |
|  |
| Has successful completed the  Management and Administration of Peg/Peg-j Feeds and ONS.  Competency Assessment    Signature of Assessor Date |