

## COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

### Practice Guidelines - Standards for Insertion of Nasal/oral Feeding Tubes

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#### Introduction:

In accordance with section 6 of the Dietitians Regulation, a Registered Dietitian (RD) may insert a feeding tube when acting under the delegated authority of a medical practitioner and in accordance with specified standards. These Practice Guidelines outline the standards for CDBC registrants inserting feeding tubes under terms of Quality Assurance Policy Qac-01, “Standards for the Insertion of Nasal/oral Feeding Tubes,”

A registrant may be certified for gastric (naso/oro) feeding tube insertions only. Alternatively, a registrant who is certified for post-pyloric (naso/oro) feeding tube insertions is automatically certified for gastric (naso/oro) tube insertion.

The policy and Practice Guidelines do not apply to enterostomal tubes.

#### Practice Guidelines:

1. Obtain initial certification:
  - refer to point 1 in the policy, for certification training eligibility requirements;
  - participate in a maximum 6-month employer approved training program (see required competencies below)
  - obtain certification training under supervision of a registered health professional qualified to insert feeding tubes;
  - during certification training, successfully insert the following numbers of tube insertions within a six-month time period:
    - gastric (naso/oro) certification: 6 insertions or
    - post-pyloric (naso/oro) certification: 10 insertions;
  - obtain signatures of certification on the attached Declaration form and submit the form to the CDBC:
    - gastric (naso/oro) certification: Appendix “A” or
    - post-pyloric (naso/oro) certification: Appendix “B”; and
  - maintain documentation confirming the successful insertion of the number of feeding tubes required to renew certification per six-month period; make available to the CDBC on request.
2. Renew certification by March 31 each year with registration renewal:
  - ensure certification renewal feeding tube insertion criteria are met:
    - gastric (naso/oro) certification: 6 insertions per six-month period or
    - post-pyloric (naso/oro) certification: 10 insertions per six-month period;
  - register with Restricted Activities (a) and (c); and
  - submit signed Appendix “A” or “B” Declaration form by facsimile or mail.
3. Recertification is required of any registrant who :
  - moves to a new facility (certification is not transferable), or
  - has worked 24 of the past 60 months in the area of enteral nutrition, but who has not met the criteria for the required number of tubes inserted.

**Competencies Required:**

1. Knowledge competencies:
  - Anatomy of the upper gastrointestinal tract and respiratory system
  - Indications/contraindications for feeding tube insertion
  - Universal infection control precautions
  - Potential complications of feeding tube insertion and management of complications
  - Legal implications of increased RD responsibility
  - Health care record documentation
  - Isolation/reverse isolation procedures.
2. Skills competencies:
  - Patient assessment
  - Patient positioning
  - Patient interaction
  - Team interaction
  - Confirmation of feeding tube insertion
  - Universal infection control precautions
  - Identification and management of potential complications associated with feeding tube insertion
  - Identification and management of immediate complications associated with feeding tube insertion.
3. Judgment competencies:
  - Willingness to ask for help/direction from others
  - Identification of contraindications to feeding tube insertion
  - Identification of feeding tube malposition
  - Ability to problem-solve feeding tube misplacement
  - Willingness to refuse to insert feeding tube if inappropriate for patient or uncomfortable with situation
  - Willingness to terminate feeding tube insertion if unsuccessful or uncomfortable with situation.
4. Attitude competencies:
  - Confidence and competence with performance of procedure
  - Respect for patient and other team members
  - Willingness to learn from others
  - Commitment to safe, successful feeding tube insertion
  - Ability to proactively problem solve.

**Reference:**

CDBC policy, Qac-01: Standards for Insertion Nasal/oral Feeding Tubes

# APPENDIX "A"

## Declaration of Certification For Gastric (nasoro) Feeding Tube Insertion

### **Declaration by Registrant:**

I meet the approved CDBC standards for

- gastric (nasoro) feeding tube insertion

and understand that in order to meet the requirements in section 6 of the Dietitians Regulation, I will only act under delegated authority of a medical practitioner and in accordance with these standards. I have developed the combined knowledge, skill, attitude and judgment required for the competent insertion of gastric (nasoro) feeding tubes.

I understand that I must maintain the required competencies (knowledge, skill, judgment, and attitude). This includes the insertion of 6 feeding tubes per 6-month period. I am currently registered with Restricted Activities (a) and (c).

Name (print): \_\_\_\_\_

CDBC registration number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Declaration by Physician or Qualified Delegate**

(To be completed by a physician or qualified delegate who is knowledgeable about the individual's ability to insert nasoro gastric feeding tubes.)

I verify that the Registered Dietitian named above competently inserts gastric (nasoro) feeding tubes and meets the standards set by the CDBC and the CPSBC as stated in this document.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Declaration by Employer**

(To be completed by Nutrition Department Head, Program Head, or equivalent position.)

I am aware that the Registered Dietitian named above has been deemed competent to insert gastric (nasoro) feeding tubes.

Name (print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# APPENDIX "B"

## Declaration of Certification For Post-pyloric (nasoro) Feeding Tube Insertion

### **Declaration by Registrant:**

I meet the approved CDBC standards for

- Gastric (nasoro) and post-pyloric (nasoro) feeding tube insertion

and understand that in order to meet the requirements in section 6 of the Dietitians Regulation, I will only act under delegated authority of a medical practitioner and in accordance with these standards. I have developed the combined knowledge, skill, attitude and judgment required for the competent insertion of post-pyloric (nasoro) feeding tubes. I understand that I must maintain the required competencies (knowledge, skill, judgment, and attitude). This includes the insertion of 10 feeding tubes per 6-month period. I am currently registered with Restricted Activities (a) and (c).

Name (print): \_\_\_\_\_

CDBC registration number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Declaration by Physician or Qualified Delegate:**

(To be completed by a physician or qualified delegate who is knowledgeable about the individual's ability to insert post-pyloric (nasoro) feeding tubes.)

I verify that the Registered Dietitian named above competently inserts post-pyloric (nasoro) feeding tubes and meets the standards set by the CDBC and the CPSBC as stated in this document.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Declaration by Employer:**

(To be completed by Nutrition Department Head, Program Head, or equivalent position.)  
I am aware that the RD named above has been deemed competent to insert post-pyloric (nasoro) feeding tubes.

Name (print): \_\_\_\_\_

Regulatory College of professional signing below: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_