

**NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE**

SKILL MODULE # 9 NUTRITION ACTIVITIES: ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS GASTRIC

PART A: Promoting Proper Nutrition

PART B: Alternative Methods For Providing Nourishment

PART C: Clinical Skills

PART A: PROMOTING PROPER NUTRITION

SPECIAL DIRECTIONS OR NOTATIONS:

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
16 hours (Parts A, B, & C)	<p>PART A: PROMOTING PROPER NUTRITION</p> <p>Discuss the cultural factors which influence eating practice</p> <p>Discuss six (6) nutritional habits that could influence adequate nutrition Discuss four (4) physical signs that indicate poor nutrition</p> <p>Discuss the following which could cause potential nutritional deficits:</p> <ol style="list-style-type: none"> a. anorexia b. nausea c. vomiting d. projectile vomiting e. belching f. flatus <p>Describe three (3) measures for supporting nutrition in each of the following situations:</p> <ol style="list-style-type: none"> a. infants/children b. pregnant/lactating patients c. visually impaired patients d. elderly patients 	<p>A. Common problems that influence eating</p> <ol style="list-style-type: none"> 1. Anorexia 2. Nausea 3. Vomiting 4. Projectile vomiting 5. Belching 6. Flatus <p>B. Support of nutrition in special situations</p> <ol style="list-style-type: none"> 1. Infants/children 2. Pregnant/lactating patients 3. Visually impaired patients 4. Elderly patients 	Lecture/ Lecture/discussion discussion	Written test

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PART B: ALTERNATIVE METHODS FOR PROVIDING NOURISHMENT

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>PART B: ALTERNATIVE METHODS FOR PROVIDING NOURISHMENT</p> <p>Define the following terms:</p> <ol style="list-style-type: none"> a. Gastric gavage (tube feeding) b. Intermittent tube feeding c. Continuous tube feeding d. Oral/Nasogastric Tube (NG), Gastrostomy, Jejunostomy, PEG <p>Describe measures which could reduce each of the following problems associated with gastric tube feedings:</p> <ol style="list-style-type: none"> a. Irritation of nasal/palate tissue b. Diarrhea c. Abdominal distention d. Aspiration e. Clogged tube f. Irritation of oral mucous membranes 	<ol style="list-style-type: none"> A. Types of alternative feeding methods <ol style="list-style-type: none"> 1. Gastric gavage (tube feeding) <ol style="list-style-type: none"> a. intermittent tube feeding b. continuous tube feeding 2. Oral/Nasogastric Tube (NG), Gastrostomy, Jejunostomy, PEG B. Measures to reduce problems associated with gastric tube feedings <ol style="list-style-type: none"> 1. Irritation of nasal/palate tissue 2. Diarrhea 3. Abdominal distention 4. Aspiration 5. Clogged tube 6. Irritation of oral mucous membranes 	Lecture/discussion	Written test

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TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>Identify the steps in clamping feeding tube</p> <p>Describe the procedure for discontinuing a nasogastric feeding tube</p>	<p>based on time and rate of flow</p> <p>4. Operation of gravity feeding tube, a. patency b. clamping</p> <p>5. Procedure for adding feeding</p> <p>6. Bolus feeding</p> <p>C. Clamping feeding tubes</p> <p>1. Nursing plan of care and direction from nurse</p> <p>2. Equipment</p> <p>3. Procedure</p> <p>D. Discontinuing oral/nasogastric Feeding tube</p> <p>1. Explanation to patient</p> <p>2. Equipment</p> <p>3. Procedure</p> <p>4. Follow-up care</p>	<p>Laboratory demonstration and return demonstration of proper technique for clamping enteral feeding tube</p> <p>Laboratory demonstration and return demonstration of proper technique for discontinuing an enteral tube</p>	

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**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS
GASTRIC (P.E.G.) FEEDING TUBES**

PART A: Promoting Proper Nutrition

PART B: Alternative Methods For Providing Nourishment

PART C: Clinical Skills

**SKILLS CHECKLIST COMPETENCY EVALUATION
SKILL MODULE 9: PART C: CLINICAL SKILLS**

PART 1: ADDING ENTERAL FEEDING TO EXISTING INFUSIONS

SPECIAL DIRECTIONS OR NOTATIONS:

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
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- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
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COMPETENCY STATEMENT: Demonstrates proper technique for adding enteral feeding to an existing infusion

CRITERIA:

1. Confirms enteral feeding tube placement has been verified by licensed nurse
2. Confirms rate of flow with licensed nurse
3. Gathers necessary equipment and supplies
4. Identifies patient
5. Explains procedure to patient
6. Confirms feeding tube is secured in place
7. Elevates head of bed
8. Verifies that feeding bag has been changed within past 24 hours
9. Washes hands
10. Checks residual to confirm amount of feeding falls within parameters specified by nurse
11. Cleanses enteral feeding container prior to opening
12. Adds feeding to existing infusion in an amount less than or equal to 8 hours of enteral tube feeding
13. Assures that infusion resumes at prescribed rate
14. Reports activity to licensed nurse
15. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____

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**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS
GASTRIC (P.E.G.) FEEDING TUBES**

PART A: Promoting Proper Nutrition

PART B: Alternative Methods For Providing Nourishment

PART C: Clinical Skills

**SKILLS CHECKLIST COMPETENCY EVALUATION
SKILL MODULE 9: PART C: CLINICAL SKILLS
PART 2: ADDING ENTERAL FEEDING TO AN INTERMITTANT TUBE**

SPECIAL DIRECTIONS OR NOTATIONS:

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
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- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
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COMPETENCY STATEMENT: Demonstrates proper technique for adding enteral feeding to an intermittent tube

CRITERIA:

1. Confirms enteral feeding tube placement has been verified by licensed nurse
2. Gathers necessary equipment and supplies
3. Identifies patient
4. Confirms feeding tube is secured in place
5. Explains procedure to patient
6. Elevates head of bed
7. Washes hands
8. Prepares feeding according to directions by licensed nurse
9. Checks residual to confirm amount falls within parameters specified by licensed nurse
10. Administers feeding by gravity flow
11. Flushes feeding tube with amount of water specified by licensed nurse
12. Clamps and secures tube
13. Documents feeding
14. Leave head of bed elevated for 30 minutes
15. Report patient tolerance to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____

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**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS
GASTRIC (P.E.G.) FEEDING TUBES**

PART A: Promoting Proper Nutrition

PART B: Alternative Methods For Providing Nourishment

PART C: Clinical Skills

**SKILLS CHECKLIST COMPETENCY EVALUATION
SKILL MODULE 9: PART C: CLINICAL SKILLS
PART 3: DISCONTINUING A ORAL/NASOGASTRIC (N/G) TUBE**

SPECIAL DIRECTIONS OR NOTATIONS:

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
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COMPETENCY STATEMENT: Demonstrates proper technique for discontinuing an N/G tube

CRITERIA:

1. Obtains directions from licensed nurse
2. Gathers necessary supplies and equipment
3. Identifies patient
4. Explains procedure to patient
5. Elevates head of bed
6. Places towel or protective barrier across patient's chest
7. Washes hands
8. Puts on gloves
9. Removes tape securing the tube
10. Positions emesis basin so it is accessible if needed
11. Asks patient to hold breath
12. Quickly and steadily removes tube
13. Instructs patient to resume breathing normally
14. Disposes of tube in appropriate waste receptacle
15. Removes and disposes of gloves
16. Washes hands
17. Confirms patient comfort
18. Reports time that tube was discontinued and patient tolerance to licensed nurse
19. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____