

**MM Comp 6 – V02 – Issue 3**

**Ratified MMC - Sept 2016 – Issued Jan 2020**

**Review – Mar 2020**

**Management and Administration of Medication and Enteral Feeds via PEG tubes – to be completed in conjunction with MM Comp 1**

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**Competency Assessment**

For Registered Nurses Band 5 and above

To be completed 3 yearly

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| --- | --- |
| Employee Name |  |
| Job Title |  |
| Place of Work |  |
| Assessor Name |  |
| Date of Assessment |  |
| Employee Name |  |



1. **Knowledge**

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| **Performance Criteria** | **Assessment Method** | **Meets Standard** | **Does not meet Standard** | **Comments** |
| 1.1 The nurse can describe the need for the medication/enteral feed 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 feeding may impact on medication. | Verbal  During interview |  |  |  |
| 1.3 The nurse can explain the procedure for ordering medication/enteral feed in both routine & emergency/out of hours situations. | Verbal  During interview |  |  |  |
| 1.4 The nurse can describe the general principles of the safe custody and storage of medicines/enteral feeds | Verbal  During interview |  |  |  |

**2. Administration**

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| **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 medication has not already been administered. | Observation  During Medication round |  |  |  |
| 2.3 The nurse checks that the prescription is legible and valid.  Kardex | Observation During Medication round |  |  |  |
| 2.4 The nurse identifies the name of each medicine. | Observation During Medication round |  |  |  |
| 2.5 The nurse checks the time of administration of each medication. | Observation During Medication round |  |  |  |
| 2.6 The nurse checks the route of administration of each medication | Observation During Medication round |  |  |  |
| 2.7 The nurse checks the dose of each medication. | Observation During Medication round |  |  |  |
| 2.8 The nurse checks the expiry date of each medication. | Observation During Medication round |  |  |  |
| 2.9 The nurse measures the dosage correctly when administering all forms of medication including tablets and syrup and ensures that specialist advice has been given / recorded in the care plan / UHR with regards to using medicines but with their licenses eg. Crushing tablets | Observation  During Medication round |  |  |  |

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| 2.10 The nurse identifies the patient correctly. | Observation During Medication round |  |  |  |
| 2.11 The nurse reassures the patient and ensures that they are suitably prepared for administration as follows;   * Consenting to medication/feed. * Are at least 30o 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 |  |  |  |
| 2.12 Equipment is prepared for administration as appropriate to individual needs (refer to enteral feeding PGN if necessary). | Observation During Medication round |  |  |  |
| 2.13 Medication/enteral feed is administered as per enteral feed PGN. | Observation During Medication round |  |  |  |
| 2.14 The nurse ensures that the patient is comfortable and has maintained dignity throughout and upon completion. | Observation During Medication round |  |  |  |
| 2.15 The nurse makes a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient. | Observation  During Medication round |  |  |  |
| 2.16 The nurse demonstrates an awareness of the importance of completing the medication round with as little disruption as possible. | Observation  Verbal discussion |  |  |  |

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| Assessors Comments:  Signature:  Date: |

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| Nurses Comments:  Signature:  Date: |

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| **Action Plan** | **Date by which action should be achieved** | **Date of reassessment** | **Outcome and signatures** |
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Cumbria Northumberland, Tyne and Wear NHS Foundation Trust

Certificate of Completion

This is to certify that

Has successfully completed the

**Management and Administration of Medication and enteral feeds via PEG tube.**

**Competency Assessment**

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Signature of Assessor Date