UC DAVIS HEALTH | Center for Professional Practice of Nursing

Nasal Enteric Tube Securement Device Placement

Name:	**Employee ID #:**
Unit:	**Title:**

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and pages 1, 2, 3 and 4 have been scanned and emailed to: cppn@health.ucdavis.edu

Nasal Enteric Tube Securement Device Placement #DAHS-NSCNETSP26	**Date**	**Verifier Initials**
References: 1. UC Davis Health Policy 8018: Enteral Tube Management for Pediatric and Neonatal Patients 2. UC Davis Health Policy 8018 (6): Nasoenteric Tube Securement Device (Bridle) Placement Decision Algorithm		
Verbalize indications, contraindications, and health system guidelines for use of a nasoenteric tube securement device.		
Utilize the Nasoenteric Tube Securement Device Placement Decision Algorithm to determine patient eligibility.		
Verify the presence of an appropriate provider order.		
Perform hand hygiene and follow infection prevention practices.		
Explain the procedure and obtain patient/family consent, as appropriate.		
Gather required equipment and position the patient appropriately.		
Demonstrate correct placement and securement of the nasoenteric tube securement device.		
Verify appropriate retaining clip placement and tube securement.		
Demonstrate proper post-placement assessment and care.		
Demonstrate opening and closing of the retaining clip.		
Verbalize replacement frequency and indications for device removal.		
Demonstrate or verbalize proper removal of the nasoenteric tube securement device, with and without enteral tube removal.		
Complete required documentation.		

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SIGNATURE PAGE:
Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:
I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Name:	**Signature:**	**Date:**