**COMPETENCY ASSESSMENT (2 COMPLETED ASSESSMENTS)**

**RECTAL WASHOUT IN NEONATES**

**NAME OF ASSESSEE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPLOYEE NO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPT / WARD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for assessor:

1. Assess staff according to the performance criteria.
2. Place a tick for “Met” (✓) and a cross (X) for “Not Met” in the column provided for each competency assessment.
3. Comment on the staff performance and give reason if not competent.
4. Reassess the staff a second time or till he/ she is competent.

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| **S/N** | **CRITERIA** | | **COMPETENCY ASSESSMENT** | |
| **1** | **2** |
| **Preparation Phase** | | | | |
| 1 | Wash and dry hands. | |  |  |
| 2 | Assemble requisites: | |  |  |
| (a) | Feeding catheter sizes 6Fr/ 8Fr |  |  |
| (b) | 2-3 ampoules of 20ml Sodium Chloride 0.9% placed in a bowl of warm water – Use gallipot or plastic bowl |  |  |
| (c) | Sterile syringe 5ml x 1 |  |  |
| (d) | Lubricating gel |  |  |
| (e) | Sterile pre-pack set, disposable |  |  |
| (f) | Thermometer (clean with sterile alcohol swab prior to measurement of normal saline) |  |  |
| 3 | Get another nurse to assist the procedure. | |  |  |
| **Performance Phase** | | | | |
| 1 | Check patient’s identification tag to ensure correct patient for RWO and counter check with assistant. | |  |  |
| 2 | Wash and dry hands. | |  |  |
| 3 | Prepare requisites: | |  |  |
| (a) | Open sterile pre-pack set. |  |  |
| (b) | Break open warmed Sodium Chloride ampoule and measure the temperature by using a clean thermometer. The temperature should be within the range of 35.5°C to 37°C. |  |  |
| (c) | Pour the warm Sodium Chloride into compartment of the pre-pack tray. |  |  |
| (d) | Squeeze some lubricating gel onto another compartment of the pre-pack tray. |  |  |
| (e) | Connect 5ml syringe to the feeding tube and prime the tube with warm Sodium Chloride using the 5ml syringe – Disconnect syringe after priming. |  |  |
| (f) | Lubricate tip of feeding catheter with lubricating gel. |  |  |
| **S/N** | **CRITERIA** | | **COMPETENCY ASSESSMENT** | |
| **1** | **2** |
| 4 | Get Assistant to perform the following: | |  |  |
|  | Wash and dry hands. |  |  |
|  | Unstrap diaper and leave under the buttocks. |  |  |
|  | Position neonate in the lithotomy position, knees bent and anal opening exposed. |  |  |
| 5 | Gently insert the feeding tube into the rectum about 3cm – 5cm – Ensure the hub is open during insertion. The maximum length of the catheter inserted is 10cm for baby less than 1kg, and maximum 15cm for baby more than 1kg.  Stop if any resistance is felt. | |  |  |
| 6 | Gently flush Sodium Chloride in aliquots of 2-3ml intermittently. Total amount of 10-20ml/kg for baby less than 1kg, and 20-40ml/kg for baby more than 1kg can be introduced safely. | |  |  |
| 7 | After each irrigation, the neonate’s abdomen can be pressed gently while “jiggling” the catheter lightly to stimulate the passage of meconium.  Alternatively, very gentle aspiration can be applied **IF NEONATE IS > 1kg**. | |  |  |
| 8 | Rectal stimulation can be intermittently performed during washout by pressing the catheter against the posterior anal wall.  Catheter can be gently introduced further if no resistance felt – Ensure the hub is open during insertion. | |  |  |
| 9 | Stop the procedure anytime if bleeding is observed. | |  |  |
| 10 | At the end of the procedure, warm Sodium Chloride need not be totally aspirated. | |  |  |
| 11 | Document onto patient’s clinical records RWO done. | |  |  |

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| **Competency Assessment 1** | | | | |
| Competent: | 🗆 Yes | 🗆 No | Tick (✓) accordingly |  |
| Comments: |  |  |  |  |
|  |  |  |  |  |
| Designation & Name of Assessor: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature of Assessor: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Competency Assessment 2** | | | | |
| Competent: | 🗆 Yes | 🗆 No | Tick (✓) accordingly |  |
| Comments: |  |  |  |  |
|  |  |  |  |  |
| Designation & Name of Assessor: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature of Assessor: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |