15.24 Nurses Engaging In Reinsertion of Permanently Placed Feeding Tubes

The Board approved curriculum for both vocational nurses and registered nurses does not provide graduates with sufficient instruction to ascertain that a nurse has the necessary knowledge, skills and ability to re-insert and determine correct placement of a permanently placed feeding tube (such as a gastrostomy or jejunostomy tubes). The Board does allow LVNs and RNs to expand their practice beyond the basic educational preparation through post-licensure continuing education and training for certain tasks and procedures. One of the main considerations in determining whether or not a nurse should consider re-insertion of a gastrostomy, jejunostomy or similar feeding tube is how long the original tube was in place before becoming dislodged. Though sources vary, most give a range of 8-12 weeks for maturation/healing of the fistulous tract and stoma formation. The method of initial insertion (surgical, endoscopy, or radiographic guidance) may impact the length of healing. Orders should be obtained from the patient’s physician regarding re-insertion guidelines.

It is the opinion of the Board that LVNs and RNs should not engage in the reinsertion of a permanently placed feeding tube through an established tract until the LVN or RN successfully completes a competency validation course congruent with prevailing nursing practice standards. Training should provide instruction on the nursing knowledge and skills applicable to tube replacement and verification of correct and incorrect placement. The BON does not define nor set qualifications for competency validation courses; however, inclusion of the following factors is encouraged:

1. The nurse should complete training designed specifically for the type or types of permanent feeding tubes the nurse may need to replace, including overall patient assessment, verification of proper tube placement, and assessment of the tube insertion site.

2. A registered nurse or a physician who has the necessary expertise with regard to the specific feeding tube provides supervision during the training process.

3. The nurse demonstrates competency in all appropriate aspects (knowledge, decision-making, and psycho-motor skills) of performing the procedure.

4. The patient has an established tract. The established tract is not determined by the nurse.

5. The facility has resources available to develop an educational program for initial instruction of LVNs and/or RNs, as well as for ongoing competency validation.

6. Documentation of each nurse’s initial education and ongoing competency validation should be maintained by the nurse and/or the employer in accordance with facility policies.
7. Regardless of training, policies and procedures of the facility must also permit the nurse to engage in the procedure.

The nurse who accepts an assignment to engage in care and/or replacement of permanently placed feeding tubes is responsible to adhere to the NPA and Board rules, particularly §217.11, Standards of Nursing Practice, as well as any other standards or rules applicable to the nurse’s practice setting. Two standards applicable in all practice scenarios include:

- §217.11(1)(B) "implement measures to promote a safe environment for clients and others;" and
- §217.11(1)(T) "accept only those assignments that take into consideration client safety and that are commensurate with the nurse’s educational preparation, experience, knowledge, and physical and emotional ability."

Additional standards in Rule 217.11 that may be applicable when a nurse chooses to engage in replacement of a permanently placed feeding tube include (but are not limited to):

- (1)(D) "Accurately and completely report and document: (i) client status....(ii) nursing care rendered...(iii) physician, dentist or podiatrist orders...(iv) administration of medications and treatments....(v) client response(s)..."
- (1)(G) "Obtain instruction and supervision as necessary when implementing nursing procedures or practices."
- (1)(H) "Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations."
- (1)(R) "Be responsible for one’s own continuing competence in nursing practice and individual professional growth."
- Standards specific to LVNs may be found in §217.11(2); standards specific to RNs may be found in §217.11(3).

Regardless of facility policy or physicians’ orders, the nurse always has a duty to maintain the safety of the patient [Reference 217.11(1)(B) above]; this standard has previously been upheld in a landmark case (Lunsford vs. Board of Nurse Examiners, 648 S.W. 2d 391 (Tex. App. -- Austin 1983).

(Adopted 01/2005)