



A guide to...

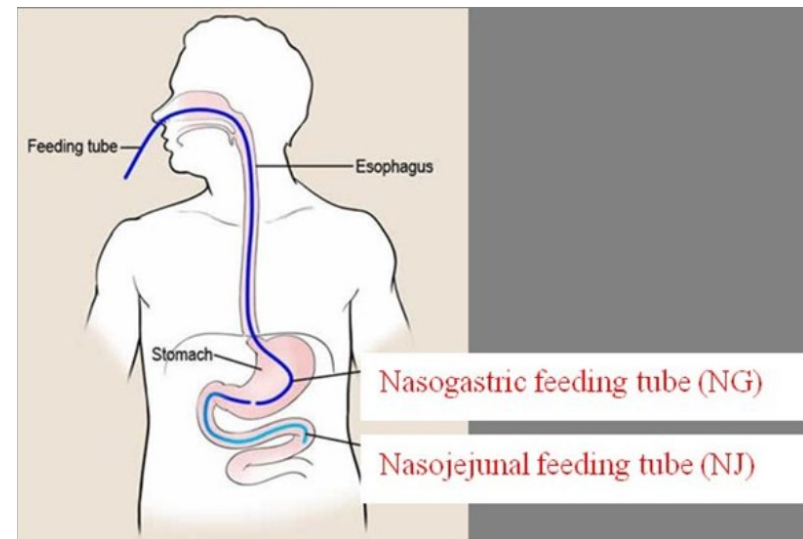
Going home with a Naso-Jejunal tube

Patient Information

What is an naso-jejunal feeding tube?

A naso-jejunal (NJ) tube feeding is the method of feeding directly into the small bowel. The feeding tube is passed through the nose into the oesophagus-stomach- pylorus and into the duodenum or jejunum.

The NJ tube is soft and flexible so it can pass through comfortably. Food and medication can then be absorbed after delivery into the small bowel. The jejunum is small, so it can only take a small amount of food/liquid volume at a time. With an NJ tube, food is given at a slow, continuous rate. In most cases, an NJ tube can be used for as long as it is needed.



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Some indications for use:

- Severe gastro-oesophageal reflux
- Delayed gastric emptying
- Persistent vomiting

- Have severe reflux or vomiting
- Have difficulty absorbing food
- Cannot swallow safely
- Have problems in your gastrointestinal tract

Daily Care of the Naso-jejunal tube

It is important to keep the tube in good condition to avoid unnecessary replacement.

Regular care and flushing of the tube will help to prevent the tube becoming blocked.

- ◆ Wash your hands before and after handling the tube.
- ◆ Confirm the position of the tube by checking the cm marking at the nostril / checking the external length of the tube.
- ◆ Flush the tube as per the training provided by the Nutrition nurses / dietetic regimen, using a 60ml enteral syringe with water to prevent the tube from blocking.
- ◆ Water should be administered before and after feed or medication administration or every four to six hours if feeding is not in progress (except during the night)
- ◆ It is important to also flush your just before going to sleep at night and first thing on waking up.
- ◆ If there is any doubt about the position of the tube, do not use it and contact the community nutrition nurse.

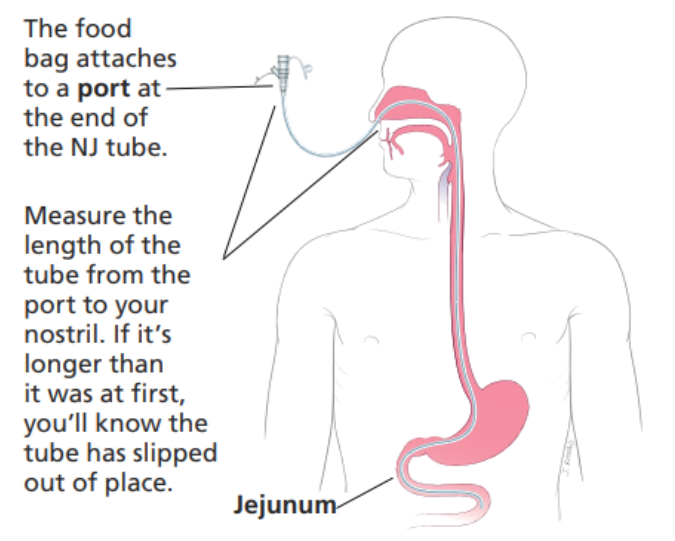
Care of the nose

- ◆ Fixation tape should be changed at least weekly, but more frequently if it loosens or becomes dirty.
- ◆ When changing the tape, clean skin thoroughly and try not to alter the position of the tape from where it was last fixed.

- ◆ If your skin or the nostril becomes sore or red contact your community nutrition nurse for instructions on how to proceed.
- ◆ Avoid the use of cream or powders as they can damage the tube

How to check the position of the NJ tube ?

- ◆ It is important to check the tube position prior to administering anything via the feeding tube / after a coughing fit or following a vomiting episode.
- ◆ Confirm the position of the tube by checking the cm marking at the nostril / checking the external length of the tube.
- ◆ Correlate the cm marking / external length with the initial placement details in hospital.
- ◆ Check the tube daily to ensure it is intact and that the tube is not kinked or blocked and remains securely fixed to the face



How to connect your feed?

Your NJ tube will be attached to a bag of liquid formula (bottle), which will be attached to a pump. Your dietician will prepare a feeding regimen for you, according to which you need to administer feed. Try and flush the tube with sterile water every four to six hours. This helps keep the tube from getting clogged.

Please refer to “How to use a pump with feeding tube” for more information

How do I get medication through the tube?

- ◆ Put your medication in a medication syringe.
- ◆ If your medications are not in liquid form already, your pharmacist will advise which can be crushed or mixed with water. Not all medications can be crushed/dissolved.
- ◆ Flush the tube with water to keep it from clogging.
- ◆ Attach the medication syringe to the medication port on the tube and push the medication into the tube.
- ◆ Flush the tube with water between each medication, if you need more than one medication.
- ◆ Flush the tube with water again and reconnect your feeding bag, when you've had all your medications.

Feed and equipment

You will be sent home with supplies:

- ◆ Feed for 14 days
- ◆ Syringes for 14 days
- ◆ Feed connection tubes for 14 days.

How do I get further supplies of feed and equipment?

Your dietitian will arrange for the feeding company to deliver further supplies of feed and feeding equipment (giving sets, syringes, extension sets, spare feeding tubes etc.) to your home. The feeding company will phone you or your carer to arrange a suitable delivery date and time. If you have any questions or problems, then please contact your community dietitians.

Where should I store my feed?

Store unopened feed and equipment in a clean, cool environment. You do not need to store it in a refrigerator. Avoid stacking feed next to radiators.

In the winter months, when it is likely to freeze, do not put feed and equipment in garden sheds or garages. Always rotate the stock using up “old” stock first before using from a new delivery. Any unused feed that has been opened should be stored in the refrigerator, and must be used within 24 hours of opening. If you have feed/equipment which is no longer being used, contact the feeding company. They will arrange to take these items away.

How do I throw away used feed and equipment?

All feed and feeding equipment (eg giving sets and syringes) can be thrown away with your normal household rubbish. Most of your plastic feeding equipment and some syringes can be recycled.

How do I make and store boiled and cooled water

Fill your kettle with freshly drawn tap water and allow the water to boil.

Pour the boiled water into a clean, designated jug or bottle and leave to cool for at least one hour.

Cover the jug / bottle with a lid and store at room temperature out of direct sunlight.

This water can be used for 24 hours. After 24 hours throw away any excess.

Clean the jug / bottle with hot soapy water, rinse with clean water and allow to air dry before re-using.

You may find it helpful to make up your total daily amount of cooled boiled water at the same time each day.

When should I flush my feeding tube?

Use at least 60 ml of water for flushing your feeding tube before and after feeding and before and after giving medicines.

If you need to give several medicines at once, you should also flush your tube with 10-20 ml of water between each medicine.

This will help to reduce the likelihood of the medicines reacting with each other and causing a blockage in the feeding tube.

If you need to take water during the day to help keep you hydrated then you will be advised to take bigger water flushes eg 100 ml, 150 ml etc.

Your dietitian will advise you on how much water you need to take each day on your daily feeding plan.

Common issues with NJ Tubes and NJ feeding

Blocked NJ Tubes

- ◆ If there is resistance when flushing the NJ tube, do not force water into the tube.
- ◆ Using a gentle pull and push technique, flush the tube using a 60ml enteral syringe with warm water.
- ◆ Do not use acidic solutions such as fruit juices or cola for unblocking your tube.
- ◆ If unable to clear the blockage contact your Abbot nurse asap.

Can I eat and drink with a feeding tube?

If your doctor or speech and language therapist has told you it is not safe for you to take food or drink by mouth then you should not be eating or drinking. This is because you are probably unable to swallow food or drink safely. If you are allowed to eat and drink, it is fine to do so when you have a feeding tube in place. Follow the advice from your dietitian.

What should I do if I have nausea or vomiting?

If you are being sick, stop the feed until the sickness passes and ask yourself the following questions:

- ◆ Has the feed been given at a faster rate?
- ◆ Have you had the correct volume of feed?
- ◆ Are you due any anti-sickness medication?
- ◆ Are you feeding in a semi-upright position? (about a 30° - 45° angle)
- ◆ Are you making sure you remain in a semi-upright position for at least one hour after the feed? If you are still having problems after 24 hours contact your GP, as there may be another cause for your nausea and vomiting, that is not related to your feed.

What should I do if I have diarrhoea or constipation?

There are many reasons why people may have a change in bowel habit. A change in medication, feed or an infection may be the cause. If you develop diarrhoea (loose bowel motions more than three times daily) you should increase water intake through your feeding tube and contact your GP, dietitian or community nurse for advice. If you think you are constipated (no bowel movement for three days or more) contact your GP, dietitian or community nurse for advice.

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Tel: 01923 217712

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Your community nutrition nurse is:

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Contact number:

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Please click [here](#) for further information about services offered by PINNT.

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals.nhs.uk**.



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