

Nasojejunal feeding tube

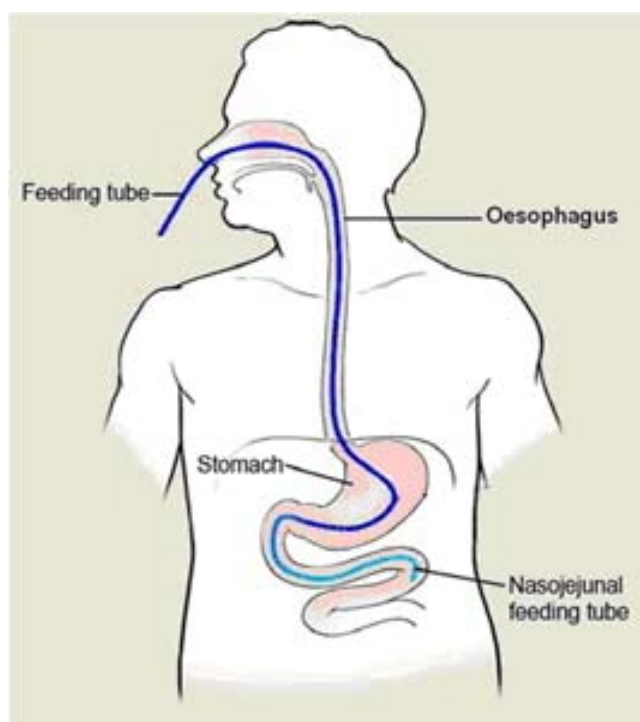
This leaflet provides information about having a nasojejunal feeding tube and how to take care of your tube at home. If you have any further questions, please speak to the team caring for you.

In this leaflet we refer to 'feed' when we are referring to the medicinal product which patients receive through their nasogastric tube. We recognise that some patients feel uncomfortable with this term, but it is important to distinguish between medicinal products and the 'blended food' which some patients now use. By using this term we are consistent with widely used clinical terminology, and avoiding potential confusion which could put patients at risk of harm.

Name: _____	Date: _____
Dietitian: _____	Tel no: _____
Hospital: _____	

What is a nasojejunal tube?

A nasojejunal tube (also known as an NJ tube) is a fine tube which is inserted into your small bowel via your nose. The tube can then be used to put liquid feed, water and medications into your small bowel.



Why do I need a nasojejunal tube?

It may be unsafe for you to take food and fluids by mouth or you may be unable to take enough by mouth. A nasojejunal tube may help you through this period as it can be used to give all the liquid feed, fluids and medications you need.

What are the risks?

Nasojejunal tubes are held in place by the adhesive dressing/tape on your cheek however they can be dislodged. Coughing, vomiting or pulling on the tube can move the tube from your small bowel making eating unsafe. It is therefore important to follow the guidance below on caring for your nasojejunal tube at home.

How is the tube inserted?

The tube is passed through your nose, down the back of your throat, through your stomach and into your small bowel. The end of the tubing left on the outside of your body is then secured to your cheek with an adhesive dressing.

The procedure is usually carried out using X-ray guidance in the radiology department by a radiologist. It does not usually require sedation.

Having the tube inserted may be uncomfortable but should not be painful.

How long will I need it for?

This will depend on your individual condition. Please discuss this with the team caring for you.

How do I care for my nasojejunal tube at home?

After your nasojejunal tube has been inserted, the feed company nurse and ward nurses will teach you how to use it. This may include teaching you how to use a feeding pump and how to flush your nasojejunal tube with water.

To ensure that you feed safely at home, you must follow the guidance below:

1. Ensure adhesive dressing/tape is still firmly attached to the skin. This should be checked daily.
2. Check the centimetre measurement at the nostril daily and after coughing, vomiting or if you think the tube has moved. The centimetre measurement should be the same as when you were discharged from hospital. If it is not, this may mean that the tube has moved.

How will I get a regular supply of feed and equipment at home?

You will be registered with a feed company, who will arrange with you to deliver your feed and equipment every month until you no longer require it. Your dietitian will register you with the company.

What equipment will I be given when I leave hospital?

You will receive the following supplies before leaving the hospital:

- one roll of tape to secure the tube
- one week's supply of 60ml purple enteral syringes

- one week's supply of liquid feed as prescribed by your dietitian
- a pump, stand and one week's supply of giving sets (feeding lines). You will only receive these if you are using a pump to deliver your feed.

Troubleshooting

1. What should I do if my nasojejunal tube comes out?

Go to your local A&E with this leaflet.

2. What if the measurement at my nostril moves?

During working hours, contact your community dietitian for advice. Outside of working hours, attend your local A&E with this leaflet.

3. How do I prevent my nasojejunal tube from becoming blocked?

- Ensure all medications are given separately with a minimum of 30ml cooled boiled water flush before and after each one.
- Always flush your tube with a minimum of 30ml cooled boiled water before and after your feed. Please discuss with your dietitian whether you need to flush your tube more frequently than this.

4. What should I do if my nasojejunal tube becomes blocked?

Step 1

If you can see the position of the blockage, gently massage the tube around the area.

Step 2

If the above does not unblock the tube, flush the tube with 50ml warm water using a 60ml purple enteral syringe using a 'push pull' technique (draw up 50ml warm water into the syringe and push the plunger in and out again repeatedly). Do not use excess force or attempt to unblock it with any foreign objects.

Step 3

If the tube remains blocked, attend your local A&E with this leaflet.

Further information

Information specifically about your tube and feeding regimen can be found on pages four and five of this leaflet.

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

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A list of sources is available on request

Your nasojejunal feeding tube

Name:

Date:

◆ Type of tube: Corpak ®

◆ Size: ____Fr

◆ Length: ____cm

◆ Date of insertion: ____/____/____

◆ Method of insertion:

X-ray guided:

In fluoroscopy ☐

In interventional radiology ☐

In endoscopy ☐

◆ Measurement at nostril: ____cm

Your home enteral feeding regimen

Name:.....

Feed:.....

Volume:.....

Rate:

Suggested feeding time:

Water flushes:.....

Additional information:

.....

.....

.....

Contact us

Hospital dietitian:

Ward:

GP:

District nurse:

Home enteral feeding team:

Supplier: Date: