

# Going home with a Nasojejunal (NJ) feeding tube

Patient name:

Date:

Tube length at the nose:

Going home with a feeding tube can be a daunting prospect; your dietitian and ward nurses will support you through this process and allow time for you and your family to become confident at self-managing your feeding tube. This leaflet provides a step by step guide on how to safely manage your tube at home and what to do if you have a problem.

## What are the risks associated with Nasojejunal (NJ) feeding?

Nasojejunal (NJ) feeding tubes are placed using an x-ray machine to guide it past the stomach into the jejunum. There is a risk of the tube moving/migrating and the feed accidentally going into the stomach or lungs. To reduce this risk the position of the tube should be monitored before administering feed, fluid or medications through assessing tube length at the nose and symptoms.

## Routine management & hygiene

- Wash your hands thoroughly before and after use.
- Check the 'use by' dates on the feed and equipment.
- Store feed in a cool, dry place.
- Discard any feed that has been open for 24 hours or more.
- Throw away feed containers and giving sets after 24 hours or on completing feed.
- Use cooled boiled tap water to flush the NJ tube before and after feed or medication administration.
- To keep the tube patent, you should flush the tube with water every 3-4 hours during the daytime when you are not feeding.
- Monitor tube position at nose and reposition tape regularly to prevent pressure sores.

## Your nutritional requirements

Based on your weight of \_\_\_\_kg it is estimated your daily nutritional requirements are:

\_\_\_\_kcal    \_\_\_\_ grams of protein    \_\_\_\_ mls fluid

# Your prescribed feeding regime

Time	Feed name	Volume (mls)	Rate (ml/hr)	Water flushes (mls)

## The above regime provides

\_\_\_kcal    \_\_\_ grams of protein    \_\_\_ mls fluid

If you have a raised temperature, the weather is very hot or your urine appears dark, you may require extra water flushes which can be given via your tube. Please seek advice from your dietitian if you are unsure.

When adding up the volumes of fluid you have had, you must include any extra given with medication.

## Section 1: How to check the position of a NJ feeding tube

Checking the position of the NJ tube should be carried out before administering feed, water flushes or medications and following any episodes of vomiting, retching or coughing which may alter the tubes position.

1. Wash your hands.
2. Check the length of your tube at the nose, this should match the length on insertion documented on the inside cover. If the NJ tube is in the correct position and you have no new symptoms or concerns, continue to feed and give water flushes and medications as advised.
3. If the tube has moved or you have any **new** abdominal symptoms such as bloating, nausea, vomiting or reflux, this may indicate tube migration. Contact your specialist nurse or dietitian for advice on the contact numbers provided at the end of this leaflet.

NB If you experience **new** symptoms or are concerned your tube has moved do not use the tube and contact the hospital care team on the contact numbers at the end of this leaflet.

## Section 2: How to administer feed and fluids

- Before starting, ensure the tube is in the correct position by following the steps in section 1. Then flush the NJ feeding tube with **60mls of cooled boiled water**.
- Shake the bag, twist off the cap.
- Open your giving set, close the clamp, remove the plastic cap and tightly screw the giving set to the feed bag breaking the foil seal.
- Hang the bag on the drip stand, attach the giving set to feeding pump and prime the giving set.
- Programme the pump to the rate and volume agreed with your dietitian.
- Whilst the feed is running and for 1 hour afterwards, remain in raised head position of 45° or more. If feed is running overnight use two or more pillows and/or raise the head of your bed to keep your upper body raised up.
- When the feed is finished dispose of all the equipment.
- Flush the feeding tube every 4 hours with 50-150mls cooled boiled water or as per your dietitian's advice.

## Section 3: How to take medications?

- Always follow advice from your pharmacist or doctor. Use liquid or dispersible preparations where possible.
- Always use the purple enteral syringes to measure and administer medicines, you will be provided with a selection of 10ml, 20ml or 60ml sizes.
- Confirm the position of your tube as per the steps in section 1, unless administering during feeding or as feed is being disconnected.
- Flush feeding tube with 30-60mls of water before and after giving medications.
- Give each medication separately and flush with at least 20ml of water between each medication or until tube feels clear of debris.
- Please note, syrup medications may need watering down. Medicines in tablet form may need to be crushed to a fine powder and mixed with water. Flush well to clear all residues.
- Further guidance on how to administer medications via a feeding tube can be given by the pharmacist.
- Medicines should NOT be combined.

## Section 4: Ongoing supplies and delivery

- You will be registered with our feeding company, Fresenius-Kabi Homecare. Arrangements will be made for regular delivery of feed and ancillaries direct to your home.
- Additional syringes for medications will need to be provided by your GP surgery.
- Fresenius-Kabi will contact you within two working days of discharge and then monthly to arrange delivery.
- You will have a large delivery so please clear a cool, dry space in preparation.
- Fresenius-Kabi provides a 24hour helpline for support and enquiries (see below).

## Section 5: Storage of feed and equipment

- Before opening, liquid feed is sterile and does not need to be kept in the fridge. Store in a cool, dry place:
  - out of direct sunlight.
  - away from heaters or radiators.
  - away from areas where rodents and insects may be able to contaminate the feed.
- Before opening, giving sets and syringes are sterile. Store them in a cool dry place.

## Section 6: Troubleshooting...

Problem	Cause	Action
<b>Blocked tube</b>	<ul style="list-style-type: none"> <li>■ Feed debris or medication particles are blocking the feeding tube.</li> <li>■ Extended rest period without flushes.</li> <li>■ Not flushing tube after feed is completed or temporarily stopped.</li> <li>■ Failing feeding tube.</li> </ul>	<ul style="list-style-type: none"> <li>■ Try using warm water, or carbonated water syringed into the tube using a 'push-pause' technique. You may need to keep some water in the tube for around 30 minutes to allow the blockage to dissolve. You may need to repeat several times.</li> <li>■ Massaging the tube to dislodge any residue.</li> <li>■ Routine flushing before and after feeding and all medications will reduce the likelihood of blockages.</li> <li>■ Flush your tube <b>4 hourly with 50-150mls of cooled boiled water or as prescribed by your dietitian.</b></li> </ul>
<b>Tube moved or fallen out</b>	<ul style="list-style-type: none"> <li>■ Episodes of coughing, retching, vomiting &amp; sneezing.</li> <li>■ The giving set is pulled or tangled up.</li> <li>■ The tape securing the tube at the nose or cheek has become moist and loose.</li> </ul>	<ul style="list-style-type: none"> <li>■ Stop feed and do not use tube until the tube is repositioned and the correct position confirmed by your support team.</li> <li>■ Check line markings at the nose.</li> <li>■ Check the tape at the nose and cheek is secure.</li> <li>■ Contact ward or dietitian for advice.</li> <li>■ If the tube falls out do not try to replace, contact your support team.</li> </ul>
<b>Pressure sore at rim of nostril</b>	<ul style="list-style-type: none"> <li>■ Poor positioning causing the tube to rub/indent the nose.</li> </ul>	<ul style="list-style-type: none"> <li>■ Frequently, remove tape, wash and dry area; replace tape with the tube at a different angle at the nose.</li> <li>■ Apply a barrier cream if required.</li> </ul>
<b>Damaged tube</b>	<ul style="list-style-type: none"> <li>■ Markings worn.</li> <li>■ Visible damage from constant use.</li> <li>■ Difficulties flushing or feeding.</li> </ul>	<ul style="list-style-type: none"> <li>■ Contact your support team.</li> </ul>

## Section 7: Who to contact...

**Hospital Dietitians ..... 01392 402044**

Working week Monday to Friday between 8.30am-4.30pm.

*If you get our answering service please leave your name, hospital number and Dietitians name.*

**Yeo Ward..... 01392 402873**

Weekends or out of hours (6pm-8am).

**Fresenius-Kabi Homecare ..... 0808 100 1990**

24hr helpline. For issues with feeding pump or feed delivery.

**Nutrition Nurse ..... 01392 404635**

Working week Monday to Friday between 8am-6pm.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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