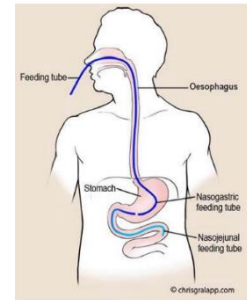


# Caring for your Nasojejun Tube (NJT)

## Nasojejunal feeding

It is important to note that managing jejunal feeding is quite different to tube feeding into the stomach. These tubes are:

- More difficult to put in position – they must go beyond the stomach and are placed with assistance of x-ray or endoscopy. An anaesthetic may be required to replace a tube that has fallen out or become dislodged.
- More easily obstructed, both from kinking and blocking, as they are much longer and thinner.



## Nasojejunal Tubes

A NJT is a soft, thin tube, that is passed through the nose, down the back of the throat, bypassing the stomach and into the small intestine. There are two types of feeding tubes:

- Plastic tubes – for short-term use
- Silastic tubes – for longer term use.

It is recommended that the tube change frequency is discussed with your dietitian or paediatrician. Both types of tubes come in different sizes and lengths. As your child grows, the size of the tube may need to be changed.

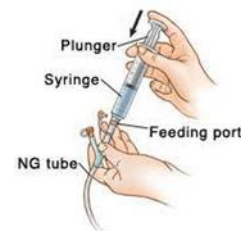
## Checking the position of the nasojejunal tube

The Ph level of the NJT should not be tested. We do not recommend drawing back on the feeding port with a syringe or suction. The tip of the NJT has potential to migrate back into the stomach. The tube marking at the nostril should be recorded after insertion. This should be checked prior to administering any liquid feed or medication via the tube to confirm correct position. If a patient is experiencing clinical symptoms such as retching, vomiting, excessive coughing, this may indicate that the tube has migrated to the stomach. Any change in the child's ability to tolerate the jejunal feed should be investigated, and the position of the NJT checked via X-ray.

## Flushing nasojejunal tubes

To help prevent blockage of the tubes, it is important to flush the tube with cooled, boiled water:

- After every feed
- Before and after giving any medications
- As directed by your dietitian



*Recommended volumes for flushing:*

- Neonatal patients (<28 days old): 1-3mLs
- Infants and children: 3-5mLs
- Note: recommendations can be 5-10mLs depending on the child's size and fluid balance.

Check with your dietitian for recommendations regarding appropriate flush volumes

### **Medications for use with nasojejunal tubes**

Always check with your doctor or pharmacist prior to putting any medications down the nasojejunal tube. Use liquid medications where possible or crush tablets and mix them with cooled, boiled water or feed as directed by the pharmacist.

### **Replacing the nasojejunal tube**

If the tube is dislodged or accidentally removed see the 'Dislodged Tube' resource provided. To reduce the risk of accidental removal, ensure the tube is taped securely. NJTs should be changed every 3-6 months. Nasojejunal feeds are a short-term approach to nutrition support and a definitive decision for either PEG+ fundoplication or PEJ-J/PEJ feeding should be made within 3 months of commencing on nasojejunal feeds. It is the responsibility of the managing medical team to arrange tube changes within the appropriate time frames.

### **Equipment Allocation (2 month supply)**

Spare NJ tubes are not provided on the RCH HEN program – as they are inserted with x-ray guidance they are provided at the time of insertion. Please contact your dietitian if your child has transitioned to a nasogastric tube.

Feeding via NJT uses giving sets only. The HEN equipment entitlement for NJT feeding is:

- 60x pump/gravity sets (one every second day)
- 8x ENFit Syringes (10ml/20ml/60ml)
- 4x 500ml/1000ml Flocare containers (8 if immunocompromised).

*Note: If you access HEN supplies through NDIS, provided your plan accommodates, you can access additional supplies beyond these entitlements within reason. If you are on the HEN program and would like equipment above these allocations, you can purchase these at your own expense.*