

PARKLAND HEALTH & HOSPITAL SYSTEM
Nursing Services

Section: Gastrointestinal
Written: August 2003
Revised Date(s): 02/07

Procedure #: NSG 30-16
Page: 1 of 2
Distribution: Nursing Procedure Manual

MANAGEMENT OF PATIENTS WITH NASO-JEJUNAL FEEDING TUBES

PRACTICE

STATEMENT: Naso-jejunal (NJ) feeding tubes will be inserted by the provider under endoscopy or fluoroscopy.

Licensed nurses shall perform feeding via the Naso-jejunal tube upon the written order of the provider. The provider shall determine feeding patterns.

Qualified nursing personnel shall irrigate a Naso-jejunal feeding tube with 10 – 20 ml irrigant at least every 2 – 4 hours unless otherwise ordered by the provider.

The provider or a qualified nurse may remove the Naso-jejunal feeding tube upon the written order of the provider.

The nurse will not insert, re-insert, or manipulate the Naso-jejunal tube. All functional problems with the tube will be referred to the provider.

PURPOSE: To maintain nutritional balance.
To prevent aspiration by depositing nutritional content in the jejunum.
To remove the need to stop feeding patients going to surgery.

EQUIPMENT: Prescribed enteral formula
Enteral feeding infusion set (bag and tubing)
Enteral feeding infusion pump
Enteral feeding gravity set (bag and tubing) if indicated
Non-luer lock irrigation syringe
Tap water

PROCEDURE:

A. Use of Naso-jejunal feeding tube.

1. The NJ tube will be placed by the provider in the ICU or special procedures. The provider placing the tube will verify placement and the tube will be cleared to use upon arrival to the floor.
2. Recheck connections and trace the tube to the point of origin on arrival to the unit and at change of shift.

3. Trace the tube from the patient to the point of origin before connection any device or infusion.
4. Educate the patient and family to notify a staff member if the tube becomes disconnected.
5. **Absolutely NO medications can be administered via the NJ tube.** Only tube feeding and irrigants should be used to prevent the tube lumen from becoming occluded. Patients with NJ tubes should also have nasal-gastric (NG) tube for medications.
6. The NJ tube will be secured with a bridle. The bridle is placed around the nasal septum. The NJ tube and the NG tube should then be secured to the bridle to prevent dislodgment. Inspect the nose every shift for signs breakdown.
7. **Please do not stop tube feedings for any reason unless directed by the provider. NPO orders are inappropriate for the NJ tube.** If the tube feedings are stopped for any length of time, the tube lumen will become clogged. The proper use of this tube is to decrease tube feeds until the tube can be discontinued effectively.

If the primary nurse feels that a consulting service is unclear of the effect of the NJ tube, the primary service should be notified. These tubes are placed into small bowel and therefore all patients can go to the OR while receiving enteral nutrition.

8. Please do not discard the soft-wire stylet placed in the patient's chart.

B. Irrigation

1. After tracing the tube to the source, each NJ tube must be flushed with 10 – 20 ml tap water every 2 – 4 hours to prevent it becoming occluded.

C. Removal

1. Upon the written order of the provider and after both a swallow evaluation from speech therapy and a calorie count, a registered nurse or the provider can cut the bridle and remove the tube.