

**PARKLAND HEALTH & HOSPITAL SYSTEM**  
**Nursing Services**

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Section: Gastrointestinal  
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**FEEDING THE ADULT PATIENT BY  
TIGER TUBE™ FRICTIONAL NASAL JEJUNAL FEEDING TUBE**

**PRACTICE**

**STATEMENT:** A consult must be made to a Dietitian prior to considering the Tiger Tube™, by entering a nutrition consult in Epic. Placement requires prior approval from Nutrition Support Services. Licensed nurses may insert the Tiger Tube™ upon the order of the provider.

The nurse will not insert a Tiger Tube™ if the patient has an obstruction of the GI (Gastrointestinal) tract, is uncooperative, nares are obstructed, active bleeding, receiving TPA or has hyper coagulopathy.

**PURPOSE:** To provide short term distal (jejunal) enteral access for delivery of nutrition and/or medications to the small bowel in patients who are unable to tolerate gastric feeds and for whom TPN is not indicated.

**EQUIPMENT:** Tiger Tube™ frictional nasal  
Jejunal feeding tube  
Water soluble lubricant  
Tiger Tube™ torque cable  
Stethoscope  
Non-luer lock irrigation syringe  
Hypoallergenic tape  
Emesis basin

**PROCEDURE:**

A. Insertion

1. Identify patient using name and medical record number or no armband, name and birth date. Provide privacy and explain procedure, if feasible.
2. Upon removal of the device from the package, visually inspect with particular attention to kinks, bends or breaks. If an abnormality is detected, do not use.
3. Apply lubricant to distal tip.
4. Advance the lubricated feeding tube through the nose or mouth 50-70 cm into the stomach. The distance is dependent on the patient's anatomical measurement.

**Note:** The use of a Tiger Tube™ Torque Cable will provide additional support inside the Tiger Tube™ Frictional Nasal Jejunal Feeding Tube for advancement in difficult cases. Do Not reinsert the torque tube if the Tiger Tube is in the patient.

5. Check position of catheter in stomach by injecting 20-30 ml air into the tube while auscultating the stomach.
6. Remove the tube immediately if it is positioned incorrectly.
7. When correct position has been determined, the Tiger Tube™ should be left in place for 30 minutes to 1-hour to allow the patient peristalsis to advance the catheter.
8. Manually advance the Tiger Tube™ feeding tube 10-cm every 30 minutes to 1-hour until the 100-cm mark is reached. If peristalsis is very weak, the Tiger Tube™ can be advanced 10 cm every 2-hours. If the patient's stomach is anatomically unusual, advance the tube in 5-cm increments.
9. At the 100-cm mark, an abdominal x-ray should be taken to confirm position in the small intestine.
10. Secure the feeding tube in place using hypoallergenic tape.
11. Do not aspirate contents of small bowel to check for residuals.
12. Recheck connections and trace the tube to the point of origin on arrival to the unit and at change of shift.
13. Trace the tube from the patient to the point of origin before connecting any device or infusion.
14. Educate the patient and family to notify a staff member if the tube becomes disconnected.
15. When the provider orders the Tiger Tube™ Jejunal feeding tube to be removed, it should be withdrawn gently, steadily, and slowly to minimize irritation from the flaps.