

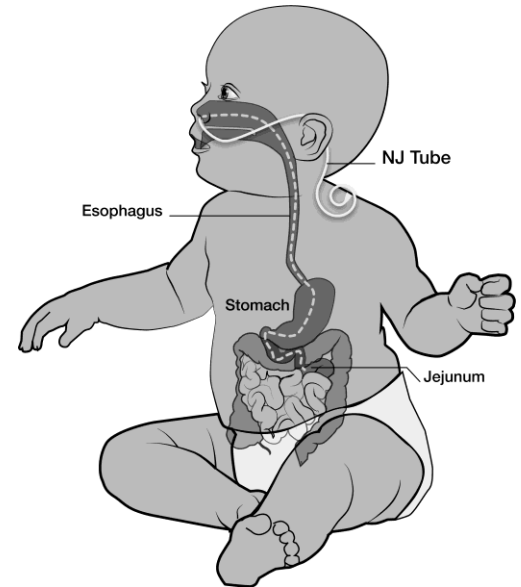
Nasojejunal (NJ) tube

What is a nasojejunal (NJ) tube?

An NJ tube may be used to provide nutrition and medicines to your child. Talk with your child's care team about why your child needs an NJ tube.

The tube:

- Goes in the nose and then down the back of the throat and esophagus.
- Ends past the stomach and sits in the jejunum (a part of the small intestine).
- Is placed in Radiology.
 - Most often, sedation is not needed during tube placement. [Sedation uses medicines to help your child feel relaxed, calm and sleepy (sedated).]
 - Your child may feel discomfort for a short time as the tube goes in the nose and back of the mouth.
 - Your child will get an X-ray in the same room to make sure the tube is in the right place.
 - Everything takes about 15 minutes.



How do I check placement of the tube?

- There should be a mark on the tube (in waterproof pen or marker) at the point where it goes in the nose.
 - **Check to make sure the tube is in the right place by looking for the mark.**
 - Call your child's doctor before using the tube if the mark has moved.
- If your child vomits (throws up), it could cause the tube to shift out of place - even if the mark at the nose does not move. Always call the doctor if your child vomits.
- The tube may be out of place if your child vomits formula when getting NJ tube feeds. Do not use the tube until advised by the doctor.
- Check the tape or securement device (like nasal bridle) often to make sure it is staying in place. This is to help prevent the tube from accidentally moving out of place or getting pulled out.

What do I need to know about tube feeds?

Types of feeds

- Talk with your child's care team about the type of feeds your child will need.
- Your child's feeds:
 - May be continuous for 24 hours a day. The doctor will decide your child's hourly rate of formula (how much formula goes in over 1 hour).
 - May have breaks, or windows, when your child does not get formula. The doctor will decide how long these breaks should last.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

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Formula guidelines

- Your child's doctor or dietitian (also called a nutritionist) will tell you what formula to give as well as how to mix it.
- After mixing formula:
 - Cover it and use it within 24 hours.
 - Keep it in the refrigerator until you are ready to use it.
 - Once you remove the formula from the refrigerator, use it within 4 to 8 hours.
 - You may be able to use some formula longer than this.
 - Check the directions on the bottle or can.
- Some types of formula come in pre-sealed, ready-to-hang bags. If using these, follow the manufacturer's guidelines for hanging them.
- If using tube feeding bags:
 - Change them every 24 hours.
 - Or, follow the manufacturer's guidelines for changing them.

When do I flush the tube?

Always use a clean syringe to gently push, or flush, water into the NJ tube:

- Before and/or after tube feeds.
- Before and/or after giving medicines.
- At any other time as advised by your child's doctor.

Talk with your child's care team about:

- Whether to use tap water or sterile water.
- How much water to use.

What do I need to know about giving medicines through the tube?

- Check whether medicines should be given with or between tube feeds.
- Shake the bottle of liquid medicine, or suspension, well. Do this before pulling medicine into a syringe, or drawing up medicine, to help prevent giving the wrong dose.
- Prepare and give medicines separately, or 1 at a time. Do this in case the tube clogs or your child is not able to tolerate the full volume of medicine needed.
- Most medicines should not be mixed in tube feedings. If your child is unable to take the entire feeding, they will not get a complete dose of medicine. Only mix medicines with tube feedings if advised by your child's care team.
- Never force liquid into the tube. This may cause a clog or break in the tubing.

How do I give medicine?

Talk with your child's care team about how to give medicine through the tube. Some guidelines include:

1. Wash your hands well with soap and water for at least 20 seconds.
2. Check your child's medicines. Know how much of each medicine to give.
3. Before you give medicine:

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- Mix powdered medicines well with water.
 - Finely crush pills and mix well with water if the doctor or pharmacist says it is OK.
 - Open capsules and mix contents well with water if the doctor or pharmacist says it is OK.
 - Dilute, or thin down, thick liquids with water if the doctor or pharmacist says it is OK.
4. Check tube placement.
 5. Give medicines in this order:
 - Thin liquids
 - Dissolved medicines
 - Thick medicines
 6. Flush the tube to make sure all medicine is cleared from the tube. Ask your child's care team how much water to use.
 7. Wash your hands well again.

How do I help keep the tube from leaking?

Keep the end of the NJ tube capped to help prevent leaking. Call your child's doctor if you are unable to stop it from leaking.

What do I do if the tube is blocked?

- Make sure the tube is in the right place by looking for the mark. If the mark is still in the right place and your child's care team says it is OK, you may:
 - Try to flush the tube with warm water. Follow their advice about how much water to use.
 - Use your smallest syringe in a plunging motion.
 - Give brief and gentle pushes. Never force the plunger.
- If these do not work, call your child's doctor.

What do I do if the tube accidentally gets pulled out?

Call your child's doctor. They will likely advise you to take your child to the emergency department (ED) to have it replaced.

What are some safety tips with the tube?

- Keep the skin around the nose, NJ tube, and tape clean and dry. Call your child's doctor if the skin has:
 - Increased redness
 - Tenderness
 - Swelling
 - Drainage
- When cleaning the skin or changing the tape that secures the tube in place:
 - Be sure to hold the tube at the nose so it does not move.
 - Have supplies with you before changing the tape. Always keep scissors out of your child's reach.
 - Remove the old tape. Place the new tape in a slightly different area each time to help prevent skin irritation.

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Nasojejunal (NJ) tube, continued

- Always check tube placement before giving feeds or medicines. Talk with your child's care team about how to do this.
- The marker line on the tube should always be at the entrance to the nose.
- When the feeding tube is attached to an extension tube, try to keep the tube away from your child's hands to help prevent the tube from getting pulled out.
- Do not let your child pull on or play with the tube.
- Ask your child's care team to show you ways to help prevent the tube from getting pulled on.

What happens when my child is ready to go home?

Before your child goes home with the tube

You will need to be able to give feeds and medicines through the tube. This may include:

- Setting up your child's feeding pump with the correct rate and volume.
- Priming the tubing with a new bag and each time the bag runs dry. It is important to get all air bubbles out of the feeding tube to avoid putting air in your child's intestines.
- Drawing up medicines with different sizes of syringes.

Equipment and supplies

- A case manager will help arrange the ordering and delivery of equipment and supplies.
- At home, you will likely need:
 - A feeding pump
 - Feeding bags
 - Syringes
 - Other supplies as advised by your child's care team
- Check supplies often. Throw away supplies with holes, tears, rips, leaks or cracks.
- Change supplies, including tubing and syringes, as advised by your durable medical equipment (DME) company (also called Home Health).

When should I call the doctor?

Call your child's doctor if you notice:

- Nausea, vomiting (throwing up) or extra gas
- Hard stool or no stool for 2 to 3 days
- Stomach pain
- Stomach is hard, bloated or swollen
- Anything that does not look normal

Also call if the tube:

- Comes out.
- Stays blocked.
- Cracks or tears.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

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