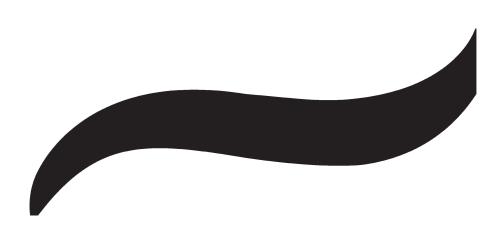




Nasojejunal Feeding Guide

Information for patients



NASOJEJUNAL FEEDING

You are currently unable to take enough food and fluid by mouth to meet your nutritional needs or you may be unable to take any food or fluids by mouth at all. The nasojejunal feeding tube will enable you to meet your nutritional needs by feeding you directly into the jejunum (small bowel).

CARE OF THE NASOJEJUNAL FEEDING TUBE

Effective care of your tube is vital for your well being. The aim is to prevent your tube blocking.

To prevent your tube getting blocked it is important to flush with 30 – 60mls of cooled boiled water before and after your feed and four hourly when you are not feeding.

If you give medication down your tube it must preferably be in a liquid or dispersible form, please discuss this with your pharmacist. Always check that your medication can be given by the jejunal route by contacting your pharmacist. And remember to flush your tube before and after medication with 30 – 60 mls of cooled boiled water.

If several medications are going down the tube, flush with 5 –10mls cooled boiled water between each one.

TROUBLE SHOOTING GUIDE

Problem	Possible Cause	Solution
Tube will not flush.	Incorrect sitting/ lying position.	Change sitting/ lying position.
	Kinked or knotted tube. Tube blocked.	 Check tubing is not kinked or knotted. Try flushing tube with 60mls of warm water. If this doesn't work, try flushing with warmer water. Avoid using cola drinks and fruit juices. You can try this several times. Using a push/pause type of motion with the syringe you may be able to displace any debris. If all of the above are unsuccessful contact your feeding company nurse or health professional.
GI problems e.g. nausea and vomiting.	Feeding regime not tolerated.Symptoms of underlying condition.	Ask dietitian to review feeding regime.Consult GP.
Diarrhoea	Medication Feed not tolerated.	Ask GP to review medication.Ask Dietitian to review feed.
Constipation.	 symptoms of underlying condition Not having enough fluid. Medication	Consult GP.Ask dietitian to review feeding regime.Ask GP to review
	Not having enough dietary fibre.	medication. • Ask dietitian to review feed.

Problem	Possible Cause	Solution
Gastric Reflux	Incorrect sitting/ lying position.	• Change sitting/lying position, ensure a semi upright position of at least 30-45 degrees, during feeding and for 30-60 minutes after feeding.
	Feeding regime not tolerated.	Ask dietitian to review feed.
If feeding tube comes out or dislodged.		Contact your health professional to arrange for readmission to have tube re-inserted.

INSTRUCTIONS ON USING YOUR SYRINGE

- The syringes you have been given can be reused for up to seven days.
- Clean your syringe straight after use.
- Fill a bowl with hot soapy water.
- Clean the end of the syringe by drawing the water in and out through the syringe till all traces of food or medicine are removed from the tip.
- Separate the two parts of the syringe and wash them.
- Then rinse them in water under the cold tap.
- Shake off the excess water and dry with a clean paper towel. Tapping the end of the syringe on a clean paper towel will dislodge any water that maybe still in the tip of the syringe.
- Store the syringe, still separated in a clean dry container.
- ❖ Put the syringe back together when you need to use it.
- You will usually be given one syringe for medicine and one for flushing cooled boiled water through your tube.
- ❖ If while you are using your syringe it becomes stiff or difficult to use, If you can see any damage to the syringe or the markings become unclear you should throw it away and start to use a new one.

TUBE INFORMATION

Type Tube:	
Size Tube:	
Date of Insertion:	
Order code:	
Feed plan:	
Additional water	flushes
Before and after	feed:
Before and after	medication:
Dietetic Departmen	t:
Telephone Number	
Enteral Feeding	
Company Number:	

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