

Nasojejunal feeding tube care advice

Information for
patients

PATIENT'S NAME:

NHS NUMBER:

TUBE TYPE (MANUFACTURER):

TUBE SIZE (FR) / EXTERNAL LENGTH ON DISCHARGE (CM):

.....

DATE OF PLACEMENT:

TUBE INSERTED IN RADIOLOGY / ENDOSCOPY
(delete as applicable):

.....

Tube position

Never give a feed if you are unsure of your tube position.

The nasojejunal (NJ) feeding tube sits in your jejunum (small bowel). This is the part of your bowel just beyond the stomach. To check the tube is still in the right place, you need to measure the length of tube, which is visible from the nostril as you have been shown in hospital.

It is useful for you and your community team to have a record of your tube measurements. Please use the attached record sheet to do this.

You should check the length of the tube before giving any feed, water or medicine through the feeding tube. If you are sick and the sick appears to be your feed, the tube may have become displaced. Contact your community nurses or feeding company 24 hour helpline for advice.

Stop using the tube if you think it has moved and contact your community nurse, company nurse or dietitian. If your NJ tube falls out, you will need to return to hospital to have another one placed. Follow the advice you were given in the 'Your Guide to Using a Feeding Tube at Home' booklet.

Comfort and Safety

Always wash your hands before handling your feeding tube. Check that the NJ tube is securely taped to your face and that the length of tube, which is visible is the same as usual.

If you need to put medications down the tube, the hospital pharmacist will have checked that this can be done safely. If you start any new medication, once you are at home, your GP will need to check that it can go safely down your tube.

To prevent the tube from blocking, always flush the tube with cooled, boiled water before, after and between medicines, and before and after all feeds. It is important to also flush your NJ tube every 4 hours during the day, just before going to sleep at night and first thing on waking up.

Feed is being given directly in to your small bowel / intestine. This part of your intestine can hold a much smaller volume than your stomach. This may mean your feed needs to run for long periods. If you experience discomfort, bloating or diarrhoea, check you have given your feed / water at the volume and rate (speed) recommended in your feeding regimen. If your symptoms continue or you have difficulties fitting in your feeding plan around daily activities, contact your dietitian for advice.

Tube care

Do not put anything down the tube other than feed, water or medicines in liquid form. If your feeding tube blocks, follow the advice in the 'Your Guide to using a Feeding Tube at Home' booklet.

Skin care

Replace the tape around your nostril if it is dirty or peeling. Clean the skin using warm, soapy water and dry thoroughly before replacing the tape. Try to alter the position of the tape when changing it to prevent the skin becoming sore.

Avoid using creams or powders as these can damage the feeding tube and prevent the tape from sticking properly. If your skin becomes sore or irritated, contact your community nurse or company nurse.

Positioning during feeding

When you are feeding, particularly during the night, ensure you are propped up with pillows. A position of 45 degrees will allow the liquid feed to move through your gut properly, reducing the risk of you being sick.

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