

Nasojejunal (NJ) Tube

What is a NJ tube?

An NJ tube is a feeding tube. It is put in the nose and goes down the food tube (esophagus), past the stomach. It ends in a part of the small intestine called the jejunum. The tube is used to give feedings, liquids and medicine to your child. Feedings go right into the intestines instead of the stomach.

Why does my child have a NJ tube?

Your child has had a hard time getting feedings into the stomach. It may be from:

- slow stomach emptying.
- severe tummy pain, choking, coughing, gagging or vomiting during feedings.

Some children can't gain weight when this happens. Children who have breathing problems may need this type of tube.

What supplies do I need?

For site care:

- Tape
- Tegaderm™

For feeding and medicine:

- Different sizes of Enfit syringes (5mL, 10mL)
- Feeding pump and bags

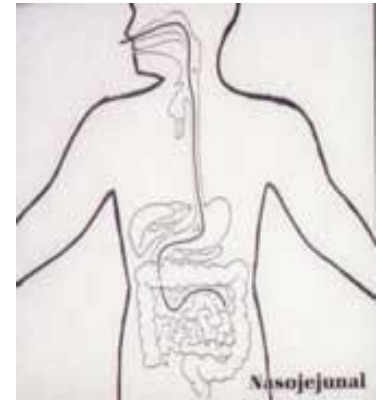
How do I care for a NJ Tube?

Securing:

- Clean your child's face with soap and water, rinse and completely dry with soft towel. Tape the NJ tube in place on the nose and cheek.
- If the tape holding the NJ tube in place starts to get loose, carefully re-tape or reinforce. This is important to keep the tube from coming out.
- Secure the tube in place by hanging it over the ear, taping behind the ear or taping or pinning it to clothing.
- If the NJ tube is secured with a Bridle clip, keep the face and tube clean. If your child has a nasal bridle, clean the bridle with baby shampoo and water every day. Gently loop NJ tube behind ear and secure behind the ear with a piece of tape. Loop the remaining tube and pin or tape to clothing.

Flush daily to prevent blocking:

- Gently flush the tube four times a day. Use 10 mL of water to flush.
- Flush the tube with water slowly after medicine is given.
- During continuous NJ feeds you will need to stop the feeds to do the flushes.
- Flush the tube by pulsing the syringe of water into the tube after feedings are given.
- If your child is less than 10 pounds or is on a fluid restriction, follow the flushing guidelines given by your doctor.



How do I feed my child?

- Feedings are given by a slow drip method. This helps prevent vomiting, diarrhea or discomfort.
- Set the feeding pump to give the feeding as you were told by the doctor or dietitian.
- Attach the feeding bag to the end of the NJ tube and start the feeding.
- When the feeding is done, disconnect NJ tube from feeding pump.
- Gently flush the NJ tube with 10ml water flush.
- Close the feeding port cover.

How do I vent or drain the stomach?

NJ tubes cannot vent or drain the stomach. If you need to vent or drain your child's stomach, talk to your child's provider.

How long will my child have a NJ tube?

An NJ tube is short-term. Most children need the tube for short periods of time.

- Once the first NJ tube is in and feedings are going well, attempts will be made to go back to feedings into the stomach.
- If your child accepts being fed into the stomach, the NJ tube may be changed for a gastric tube (NG or G-tube).
- If your child gets most calories by mouth (oral), the NJ tube may be removed.

If your child needs an NJ tube longer than 4 months, the doctor may talk to you about the need for a permanent jejunostomy (J-tube.)

Troubleshooting problems

If the NJ tube is blocked:

- Use a 5mL syringe filled with sugar-free carbonated water or club soda and try to flush. You may also use a 10mL, 3mL or 1mL syringe. Smaller syringes have higher pressure and may help to unclog the tube.
- Push and pull on the plunger of the syringe to unclog the tube. Push and pull on the plunger until the tube is easy to flush. You may have to push more firmly than you are used to.
- If you are not successful right away, leave the carbonated water in the tube for 20 minutes. Then try to flush the tube again.
- If you are not able to clear the tube, contact Imaging (Radiology) to replace the tube.

If the NJ tube is out of place or cannot be flushed

All NJ tubes are replaced in the Imaging Department using a special x-ray called fluoroscopy. If your child's NJ tube is out of place or gets clogged, call to make an appointment to have the tube replaced:

Monday-Friday (7:30 AM-5:00 PM): 414-266-3152 or 414-266-3648

After hours, call 414-266-3116 and ask to speak with the Interventional radiology nurse on call.

If your child's NJ tube is completely out, please call the Imaging Department during the above listed hours.

Routine NJ tube changes

NJ tubes need to be replaced. This is generally done every 3 months. Your child's doctor can help decide when this should be done. The replacement will be scheduled Monday – Friday between 7:30 AM -4:30 PM. Please call (414) 266-3152 to schedule.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- Your child is vomiting or gagging with feedings.
- Your child has diarrhea (loose, watery stool).
- You are worried that the NJ tube is not in the right location.
- You are unable to use the tube or it came out.
- Your child has special health care needs that were not covered by this information.

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.