

**JEJUNOSTOMY Feeding Tube
PASSPORT
(JEJ) Tube**

INFORMATION ABOUT MY JEJUNOSTOMY FEEDING TUBE

Affix Addressograph

Has a tube

How inserted?

Site of bowel insertion: e.g. Jejunum, Terminal Ileum (Circle)

Date inserted:

Skin Suture

Yes / No

Removal Date

Weekly Balloon change (If required)

Abdominal measurement (If required)

cm

Type of feed: Continuous/mls per hour

mls

Flush with of sterile water pre & post feed & medication.

Additional flushes can be given as indicated by your dietitian.

Long term plan

If during the first 7 days following your tube insertion, you notice any leak of fluid around the tube, pain on feeding, flushing or if there is fresh bleeding, STOP the feed immediately and contact Ward 14 Castle Hill Hospital - see contact numbers on page 16

| | Page |
|--|---------|
| Going home with a jejunostomy tube | 4 |
| What is a feeding jejunostomy tube | 4 |
| How long will I need it? | 5 |
| Surgically placed jejunostomy tube with stitches | 5 & 6 |
| Jejunostomy tube with balloon | 6 |
| General care / stoma care | 7 |
| Flushing | 8 |
| Pump feeding/Key Points | 9 |
| My Feed regime | 10 & 11 |
| Tube blockage | 12 |
| Tube fallen out | 12 |
| Mouth care | 13 |
| Medicine | 13 |
| Feed storage and disposal | 13 |
| Training prior to going home | 14 |
| Going home | 14 |
| Equipment for discharge | 15 |
| When discharged from hospital | 15 |
| Contact numbers between 9am-5pm | 16 |
| Emergency contact details after 5pm | 16 |

This booklet contains useful information and advice for patients leaving hospital with a Jejunostomy feeding tube. How it works and how to maintain it.

It also lists specific interventions of what to do should you encounter any problems.

We hope it will be helpful to you. If you have any questions, please do not hesitate to contact a health professional.

Going home with a Jejunostomy feeding tube

This information outlines procedures required to care for and maintain your jejunostomy/jejunal/jej feeding tube and supports the training which you will receive in hospital prior to discharge.

By following these procedures the risk of any minor complications arising should be minimised and any troubleshooting issues easily managed.

What is a Jejunostomy feeding tube?

A jejunostomy (or jejunal) tube is a soft tube which is inserted into your small bowel, jejunum at the beginning of your small intestine just below your stomach. This will be completed by a trained specialist in a hospital theatre.

The placement of this tube is to enable feeding to take place directly into your small bowel for the following reasons:

- When feeding into your stomach is not a viable option.
- You are unable to swallow enough food or fluid to meet your nutritional requirements.
- It is anticipated that future treatments may cause temporary loss of appetite or swallowing difficulties.

The feeding tube can be used to top up your oral intake or provide all your nutritional requirements and is a safe, discreet and effective method of receiving short to long-term nutrition.

Tube feeds contain all the necessary energy and nutrients normally provided by a balanced diet. The dietitian will calculate how much feed you will need to meet your nutritional requirements and will liaise with you as to the best method of feeding delivery, taking into account your home circumstances and lifestyle.

How long will I need the Jejunostomy tube for?

The consultant will make the decision on how long the tube is required for. Usually for surgical patients review will be at your follow-up appointment (usually 4 - 6 weeks after your operation) and will depend on whether you are meeting your full nutritional requirements by mouth. However, for some medical conditions, follow up and review will vary. This will be discussed with you on the ward.

You may have one of the following feeding tubes in place, if you are unsure of which type you have, the consultant or ward nurse will be able to clarify this.

Surgically placed Jejunostomy tube with visible stitches

This is a rubber latex free tube that is stitched to the skin to keep the tube in place, occasionally a securing device may be used. A measurement on the outside of the tube may be recorded by the nurse for future reference (depending on the type of tube). This is helpful if at anytime, it is suspected that the tube has become displaced/moved. A dressing is not required around the tube unless it is oozing.

The stitches are removed at 10 days. It can be possible for the stitch to become loose from the skin, if this occurs secure the tube with the tape the ward gave you on discharge to stop the tube moving. You should then contact Ward 14 at Castle Hill Hospital for further advice.

DO NOT TURN OR ROTATE THE TUBE

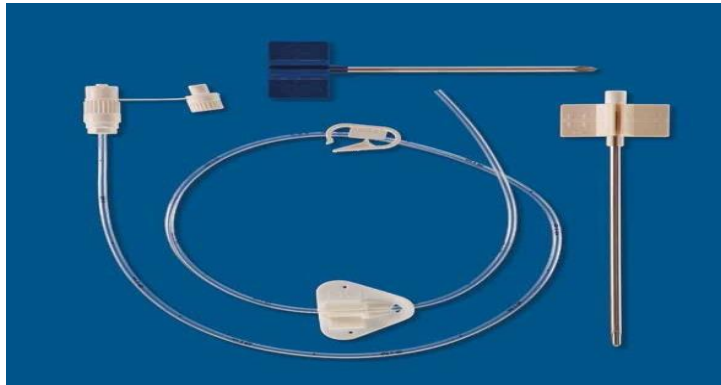


Surgically placed Jejunostomy tube

The feeding tube is made of polyurethane, it has an external fixation plate and clamp. It is used for intrajejunal nutrition after your operation.

A dressing is not required around the tube unless it is oozing.

DO NOT TURN OR ROTATE THE TUBE



Jejunal feeding tube with balloon

The feeding tube is made of Silicone and is kept in place by an internal balloon that keeps the tube from falling out of the stomach. It also has a retention ring that keeps the tube from moving. The balloon is filled with sterile water. Your consultant will advise on how many mls are in the balloon. You will be shown by the nurses on the ward how to check your balloon position each week.

DO NOT TURN OR ROTATE THE TUBE



General aspects of care

The basic principles of care for each tube will be the same. It is important to undertake the following procedures. The position of your tube means that the stomach acid is bypassed, which would normally provide natural protection from contamination of germs entering into your small bowel. Therefore it is **VERY** important to ensure that your hands are washed and dried thoroughly prior to undertaking any tube related task.

Stoma site care

The area where the tube enters your abdomen is called the stoma site. Your stoma site and tube need to be cared for to reduce the possibilities of soreness or infection. A small amount of discharge from the stoma site is normal within the first few days.

Wash and dry your hands before and after caring for your tube.

For the first 5-7 days, your site will be cleaned using an aseptic technique.

Please check your stoma site daily and check for any redness, inflammation or bleeding. Dressings are not usually required after the first 5-7 days. Leave the tube open to air to heal. However, a transparent dressing may be used to cover the site for your comfort and to prevent the tube from becoming dislodged, whilst also aiding observation of the stoma site.

After 5-7 days your site needs to be kept clean. Clean the site and stitches/ sutures on alternate days (more frequently if there is a ooze from the site. Use gauze squares / sterile saline solution or non perfumed soap and warm water and then dry. Do not use talcum powder or creams around the stoma site as these may irritate your skin and damage the tube (only cream prescribed by the health professional should be applied).

Bathing is not recommended until the tube has been in place for over 14 days and the stoma tract has had time to heal. In the meantime, showering is acceptable. Once the wound is healed fully you can bathe or shower as normal.

Flushing your tube

If your tube is not required for feeding, it will still require flushing to prevent a blockage.

Always use a purple 50ml Enteral labelled syringe. (Enteral relates to the gut).

Do not use smaller sizes as this can increase the pressure on the tube and potentially split it.

Single use syringes will be provided by the ward on discharge. When you are receiving feed via your tube, it is important to flush the tube with sterile water before and after each feed promptly.

You are advised to flush the tube 4-6 hourly during the day to help prevent blockages.

It is important not to lay flat when feed is in progress unless your medical condition means it is inadvisable.

Your head and shoulders should be raised on extra pillows at a minimum 30° angle and for at least 30 minutes after a feed in order to prevent regurgitation of feed and heartburn.

When your tube is not in use it should be flushed 3 times a day with sterile water.

Pump feeding

The dietitian will discuss with you the most suitable way for you to be fed. Exactly how much feed you need will also be calculated. An enteral feeding pump is usually required to administer feed, unless otherwise directed by the dietitian.

The dietitian will make arrangements for you to receive training on how to use the pump and giving set. This training usually takes place in hospital until your confidence and skill is gained in undertaking these procedures. Ongoing support will be available when you are discharged home.

Key points when administering the feed

The giving set and bag of feed should be changed after 24 hours, irrespective of the amount of feed left in the bag.

When you are receiving feed via your tube, it is important to flush the tube with water before and after each feed promptly. You are advised to flush the tube 4-6 hourly during the day to help prevent blockages.

It is important **not** to lay flat when feed is in progress unless your medical condition means it is inadvisable. Your head and shoulders should be raised on extra pillows at a minimum 30° angle and for at least 30 minutes after a feed in order to prevent regurgitation of feed and heart burn.

Any pain, bleeding or leakage from the stoma site experienced during feeding, stop the feed and contact Ward 14 Castle Hill Hospital.

MY FEEDING REGIME

| Name of Feed/Fluid | Timings | Volume Per Day | Method of Feeding (Pump/bolus via syringe) | Rate of Administration |
|--------------------|---------|----------------|--|------------------------|
| | | | | |

Remember to flush the feeding tube with sterile water before and after feed/medications using _____mls

The patient requires an estimated fluid intake of _____ mls per day

| | |
|-------------|--|
| Oral Intake | |
| | |

| | |
|-------------------|--|
| Additional Advice | |
| | |

BLANK REGIME FOR ANY FEED CHANGES WITH THE COMMUNITY

| Name of Feed/Fluid | Timings | Volume Per Day | Method of Feeding (Pump/bolus via syringe) | Rate of Administration |
|--------------------|---------|----------------|--|------------------------|
| | | | | |

Remember to flush the feeding tube with sterile water before and after feed/medications using _____mls

| | |
|-------------|--|
| Oral Intake | |
| | |

The patient requires an estimated fluid intake of _____ mls per day

| | |
|-------------------|--|
| Additional Advice | |
| | |

Tube Blockage

If the jejunostomy tube blocks:

Using 10-20mls of warm sterile water in the syringe plunger to apply gentle pressure and then suction in order to withdraw the contents of the tube.

Gently squeeze/roll the blocked section of the tube between your finger and thumb to help disperse the blockage.

Repeat the advice at 20 minute intervals.

If the tube remains blocked telephone one of the key contacts at the end of this booklet for advice.

When attempting to flush the tube **Do Not** use excessive force as this may damage your tube.

Tube Fallen Out - **Do Not Panic**

Do not try to replace the tube yourself.

Cover the stoma site with a piece of gauze dressing and apply tape. You will need to have a new tube inserted as soon as possible.

If possible bring your tube into hospital with you.

Contact Ward 14 at Castle Hill Hospital for additional advice (refer to the contacts at the back of the booklet).

Mouth Care

It is important that whilst you are receiving feed via your tube, regular attention should be given to your oral hygiene to reduce the risk of oral thrush and other mouth infections from occurring.

Medicine Administration

Medicines should be in liquid form wherever possible.

Flush the tube prior to and after each medicine is administered.

Draw up each medication separately (dilute medication if necessary) using a purple syringe (Enteral syringe).

Flush with at least 10mls of sterile water between each medication.

After your last medication, flush using a push pause technique. Creating turbulence within the tube when flushing will help to remove particles within the tube. (Your nurse will show you how to do this).

Storage and Disposal of Feed

All equipment, including unopened feed, should be kept in a cool, dry place.

Any opened, unused feed should be discarded by pouring down the sink and rinsed away.

All plastic equipment can be disposed into your normal rubbish bins or alternatively the empty bottles/cartons can be placed in a plastic recycling bin.

Training Prior to Going Home

Before you go home the nurse will discuss general care of the tube and demonstrate the flushing technique and the other things discussed in this booklet.

| Training | Professional | Date/ Signature |
|---|---------------------------------------|--------------------|
| When and how to wash hands | Ward Nurse | |
| How to check and prepare feed | Ward Nurse Homeward | |
| How to administer medication | Ward nurse | |
| How to disconnect and flush the tube | Ward nurse | |
| How to use the feed pump | Homeward | |
| How to dispose of feed | Ward nurse/ Homeward | |
| How to clean the jejunostomy site and care for the tube | Ward nurse | |
| How to secure the tube | Ward nurse | |
| Discuss signs of infection and what to do | Ward nurse | |
| Precautions for showering/bathing | Ward nurse | |
| When to ask for advice: Episodes of diarrhoea and vomiting, site problems, tube blockage/misplacement | Ward nurse/ Dietitian/ Homeward | |

Going Home

Prior to discharge you will be provided with a 10 days supply of feed, giving sets, syringes and other equipment, as required from the ward. Thereafter, these will be provided by Nutricia, a home care delivery company. A Nutricia homeward nurse will contact you in the hospital or at home to arrange delivery of feed. They will also provide you with a contact name following discharge should you require help with your feed, feed pump or equipment. If you have any concerns relating to your tube/ feed please contact a key professional on your list of contacts.

Equipment you may need for discharge home

| Equipment 10 day supply | Date/Signature | Professional |
|------------------------------|----------------|---------------------|
| Feeding pump x 1 | | Dietitian/ Homeward |
| Stand x 1 | | Dietitian/ Homeward |
| Liquid feed | | Ward nurse |
| Giving sets x 10 | | Ward nurse |
| Purple enteral syringes x 10 | | Ward nurse |
| Stoma site dressings x 10 | | Ward nurse |
| Sterile water x 10 | | Ward nurse |
| Sterile gauze x 10 | | Ward nurse |
| Fixation tape x 4 | | Ward nurse |

When discharged from hospital you or your carer will know the:

| | Date/ Signature | Professional |
|---|--------------------|------------------------|
| Role of the homecare nurse/contacts | | Dietitian/ Homeward |
| How to obtain feed supplies | | Homeward |
| How to store equipment | | Homeward |
| How equipment/feed will be delivered | | Homeward |
| How to report a faulty pump | | Homeward |
| What water can be used at home | | Dietitian/ Homeward |
| Ongoing monitoring by the dietetic team | | Dietitian |
| Arrangements for reviewing/replacing stitches/replacing the tube | | Ward nurses |

CONTACT DETAILS

| Health Professional | Contact | Telephone Number |
|--|--|---|
| Dietitian (Hospital) Monday to Friday 08.30-4.30pm | | Switchboard (01482) 875875 |
| Dietitian (Hull Community Team) Monday to Friday 9-5pm | Feed regime information | (01482) 617909 |
| Dietitian (East Riding Community Team) Monday to Friday 9-5pm | Feed regime information | (01482) 347870 |
| Ward 14 Castle Hill Anytime/24 hours | Ward Nurses | (01482) 623014 |
| Homeward Nurse Nutricia Monday to Friday 8-4pm | Blocked tubes, connect, breakages or training needs. | 08457 623698 |
| Homeward Co-ordinator Monday –Thursday 8.45-5.15pm Friday 8.45-4pm | Stock/delivery enquiries, change of address, holiday arrangements | 08457 623656 or 08457 623665 |
| 24 hour Homeward Advice line | | 08457 623636 |
| Urgent Advice after 5pm | Humber Health Partnership Switchboard Ask to speak with Ward 14 Castle Hill Hospital | (01482) 875875 Direct dial (01482) 623014 |
| In an emergency | Go to your local Emergency Department | Ring 111 |

Adapted with kind permission from Royal Berkshire NHS Foundation Trust by the Specialist Nurse, Nutrition Team.