

Jejunal Feeding

CARE GUIDELINES

For Patients & Carers

References:

1. White R, Bradnam V. Handbook of drug administration via enteral feeding tubes. Third edition. BPNG. London: Pharmaceutical Press. 2015
2. BAPEN. Management of Enteral Feeding Complications. 2023. Available from: <https://www.bapen.org.uk/education/nutrition-support/enteral-nutrition/management-of-enteral-feeding-complications/> (Accessed May 2025)



Enteral Nutrition

Useful Contacts

GP[Address](#)[Tel. / Fax / Email](#)**Hospital Dietitian**[Address](#)[Tel. / Fax / Email](#)**Community Dietitian**[Address](#)[Tel. / Fax / Email](#)**Nutrition Nurse**[Address](#)[Tel. / Fax / Email](#)**District Nurse**[Address](#)[Tel. / Fax / Email](#)**Nutrition Feed Company/Nurse Advisor**[Address](#)[Tel. / Fax / Email](#)**Hospital Consultant**[Address](#)[Tel. / Fax / Email](#)

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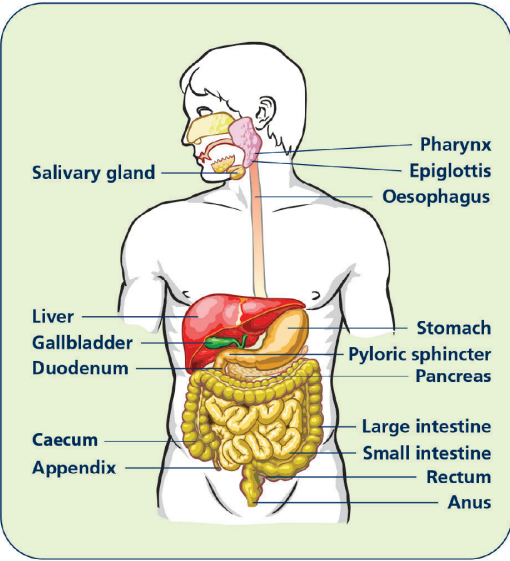
Introduction

This booklet aims to provide you with general information about your jejunal feeding tube and to answer some frequently asked questions. If you have additional questions or would like further explanation, please contact your Nurse or Dietitian who will be able to help you.

Please put this booklet in a safe place as you may wish to refer to it in the future. For additional information regarding your tube type please refer to the specific aftercare sheet.

What is jejunal feeding?

A jejunal feeding tube is a small feeding tube which is placed into the jejunum (small intestine) so that you can have feed, fluid and medication without swallowing. It will provide you with a safe and long-term method of obtaining nutrition.



How is the jejunal tube inserted?

There are different types of jejunal feeding tubes:

Nasojejunal (NJ) - is inserted into the nostril and advanced down the gastro intestinal (GI) tract into the jejunum.

Percutaneous Endoscopic Gastrostomy (PEG) tube with an Intestinal extension - if you have an existing PEG tube, a jejunal extension can be added to this (PEG-J).

Surgically placed Jejunostomy placed via laparoscopy (minimally invasive puncture method) or laparotomy (open method).

This booklet provides guidance for all Freka® jejunostomy tubes

Why do I need a jejunal feeding tube?

You are currently unable to take enough food and fluid by mouth to meet all your nutritional needs. The jejunal feeding tube will provide access for feed administration into your jejunum. A jejunal feeding tube can be used when it's not possible to feed into your stomach.

How soon after tube insertion can I begin feeding?

Feeding can usually start as soon as the tube is in place. If you have had an intestinal extension added to the PEG tube, feeding may need to be delayed depending on when the PEG tube was placed. Your Doctor, Dietitian or Nurse will advise you when to start feeding. The feed is introduced slowly to begin with, to allow your body to adjust.

What feed will I receive?

Your dietitian will discuss the type of feed to use, usually you will receive a prescribed, commercially produced liquid feed which contains all the essential nutrients you need on a daily basis.

You may receive part or all your daily food via your jejunal feeding tube, depending on your specific medical condition and needs.

You may also need extra fluids through your jejunal feeding tube. Water can be administered using a syringe or administration set.

Feeding regimen

Your Dietitian will prescribe the volume and rate of your feed to suit your needs. You may be fed intermittently, continuously or bolus fed during the day or overnight depending on which is best for you.

Always follow the recommended regimen. If you have any problems with the feed you should inform your Dietitian.

Tube care

The jejunal feeding tube should be flushed with 20ml of water (cooled boiled/ lukewarm water - according to Instructions for Use) before and after feed, medicine administration, or as directed by your local healthcare professional. If not in use, it should be flushed at least once a day. Refer to your local hospital policy for the type of water recommended.

If your feeding tube has two channels (lumens), the channel of the tube not being used for feeding should be flushed once a day, your healthcare professional will advise on this.

You should only use the feeding tube to administer feed, water and liquid medicines.

Administration of medicines

Solutions or soluble tablets are the formulations of choice as they allow for accurate dosing. The same applies to self medication (e.g. for headache) and your pharmacist will recommend a liquid form of pain relief. Sustained-release tablets/capsules are unsuitable for administration via an enteral feeding tube as they are designed to be released slowly. Crushing may result in the whole dose being released at once. Medication with enteric coatings should not be crushed and given via your balloon gastrostomy tube as they are likely to cause tube blockage¹.

Always check with your Pharmacist that your medicine can be given via the jejunal route, for the following reasons¹:

- Jejunal feeding tubes have a greater potential to block due to their long length.
- Some medicines are unsuitable for jejunal administration because of how they are absorbed.
- Interactions between feed and medicines can occur, causing blockages.

Do not add medicines to your enteral feed as it may cause coagulation of the feed and cause a blockage.

Flush your tube before and after administration of each medicine.

If giving more than one medication, they should be given separately and the tube should be flushed in between.

For further advice, please contact your Pharmacist or Nutrition Nurse.

Positioning during feeding

To prevent heartburn and reflux, feed in an upright position or at a minimum of 30-45° angle.² For overnight feeding use supporting pillows or a backrest, if you find this uncomfortable you can raise the mattress at the head of the bed instead.

Avoid lying flat during feed administration.

Skincare

It is important that the entry site of your jejunal feeding tube remains clean and dry. Refer to your tube specific aftercare sheet for further advice on your tube care.

Frequently asked questions

Can I swim, bath or shower?

After the site is fully healed, you can swim, shower or bathe as normal. Ensure the clamp is closed. Thoroughly dry the area afterwards.

How long will the tube last?

This will depend upon the type of tube you have placed. Your healthcare professional can provide this information. Following the aftercare information will help to prolong the life of the tube.

Who do I contact if the tube gets damaged or I get a problem with the site?

Contact your local healthcare professional.

Can I go on holiday?

Enteral feeding does not stop you going on holiday but it is a good idea to have a letter from your doctor and make sure you have the necessary insurance. Contact your local healthcare professional for advice about replacement tubes and information regarding the supply of your feed.

If I cannot eat what will happen to my mouth?

Plaque can build up very quickly so it is important to brush your teeth at least twice a day. A mouthwash or artificial saliva, may help if your mouth is dry.

Are there any patient support groups available?

PINNT - Patients on Intravenous and Nasogastric Nutrition Therapy

PINNT supports people on enteral and parenteral nutrition, providing advice and local support groups.

PINNT contact information:-
www.pinnt.com

Accessory items

FREKA® CLICK ADAPTOR FOR FREKA® PEG INTESTINAL

DESCRIPTION

> For Freka® PEG Intestinal CH/FR 9

Pack of 15
Product code: 7981389

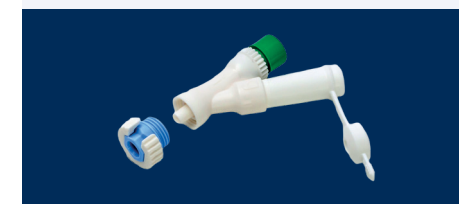


FREKA® Y CONNECTOR FOR CH/FR 15 PEG INTESTINAL

DESCRIPTION

> For Freka® PEG Intestinal

Pack of 15
Product code: 7981394



FREKA® REPAIR SET FOR FREKA® SURGICAL JEJUNOSTOMY, ENFIT

DESCRIPTION

> For Freka Surgical Jejunostomy CH/FR9

Pack of 1
Product code: 7981388

