



**FRESENIUS  
KABI**

caring for life

# Jejunal Feeding

CARE GUIDELINES

For Patients & Carers





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| <p><b>Community Dietitian</b><br/>Address<br/>Tel. / Fax / Email</p>                  |
| <p><b>Nutrition Nurse</b><br/>Address<br/>Tel. / Fax / Email</p>                      |
| <p><b>District Nurse</b><br/>Address<br/>Tel. / Fax / Email</p>                       |
| <p><b>Nutrition Feed Company/Nurse Advisor</b><br/>Address<br/>Tel. / Fax / Email</p> |
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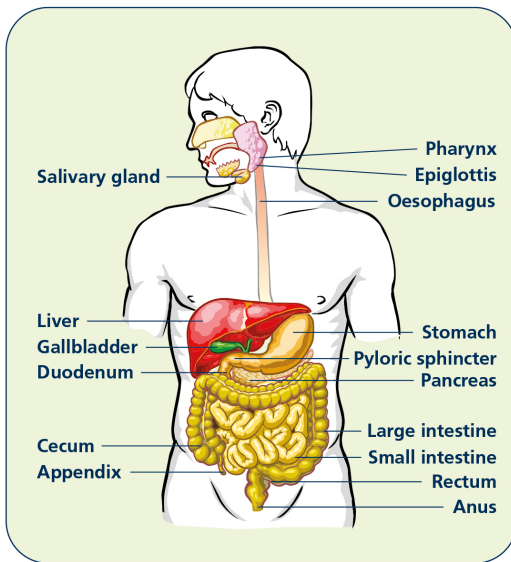
## Introduction

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 gastrointestinal (GI) tract into the jejunum.

**Percutaneous Endoscopic Jejunostomy (PEJ/EPJ)** is inserted using a gastroscope (a flexible instrument used to examine the inside of the GI tract).

If you have an existing PEG tube, a jejunal extension can be added at a later date (PEG-J).

## 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 if you no longer have a functioning stomach, are experiencing problems feeding into your stomach or are at risk of pulmonary aspiration.

## How soon after tube insertion can I begin feeding?

This will be decided by your Doctor, Dietitian or Nurse, but feed usually commences about 6-12 hours after the tube has been placed. The feed is introduced slowly to begin with, to allow your body to adjust.

### What feed will I receive?

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 at least 30ml of water before and after feed, medicine administration, or as directed by your local healthcare professional, to prevent tube blockage (Refer to your local hospital/community policy for the type of water recommended).

You should only use the tube to administer feed, water and liquid medicines. For nasojejunal tubes, flush tube 4-6 hourly with water (as per local policy) to prevent tube blockage. This does not need to be done through the night.

### Administration of medicines

All medicines should be administered in liquid form. The same applies to self medication (e.g. for a headache) and your Pharmacist will recommend a liquid form of pain relief.

Do not crush sustained-release tablets/capsules. They are unsuitable for crushing because the whole dose is released at once.

Always check that your medicine can be given via the jejunal route by contacting the Pharmacist, for the following reasons:

- Some medicines are not completely absorbed via the jejunal route
- Some medicines may cause adverse local effects
- Certain medicines may react with the feeding tube material
- Tube blockage may occur due to coagulation

Do not add medicines to your enteral feed as it may cause physical/chemical instability of the feed and cause a blockage. Flush your tube before and after administration of each medicine. Medication should be given separately to prevent possible interaction. For further advice, please contact your Pharmacist and Nutrition Nurse.



## Positioning during feeding

To prevent heartburn and reflux, feed in an upright position. 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, unless your medical condition contraindicates this.

## 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.

Hygiene is of the utmost importance as your tube is in the small bowel. Here there is no acid barrier, as there is in the stomach, to protect against bacteria.

## 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, such as Glandosane® 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](http://www.pinnt.com)**

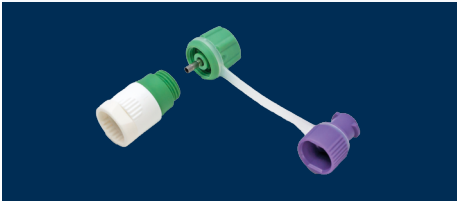
## Accessory items

### 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

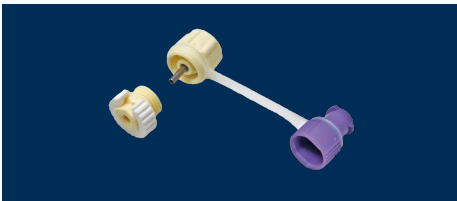


### FREKA® PEG CONNECTOR CH/FR 9

**DESCRIPTION**

- > For Freka® PEG CH/FR 9 (yellow)

Pack of 15  
Product code: 7981385

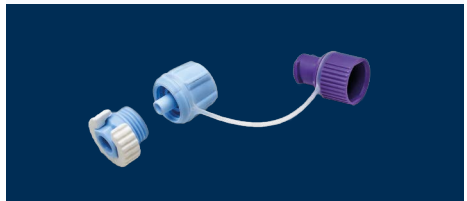


### FREKA® PEG CONNECTOR CH/FR 15

**DESCRIPTION**

- > For Freka® PEG CH/FR 15 (blue)
- > For use with Freka® PEG intestinal

Pack of 15  
Product code: 7981386





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