

Nasojejunal Tubes

Tube selection

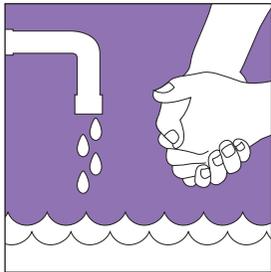
Diameter

In adults, on standard feed, the most commonly used size is 8-10FR. If higher density feeds or feeds with fibre are used then a 12-14FR tube is normally selected. In children the standard size is 6FR with 8FR for thicker feeds or fibre feeds. In neonates 4-5FR is standard and 6FR for higher densities.

Length

It is important to take a measurement of the approximate depth of a feeding tube placed into the stomach. Normally the distance from the ear to the nose and then from the episternum to the nose are added together. For jejunal feeding add approximately 30cm more to the distance.

Passing NJ tubes



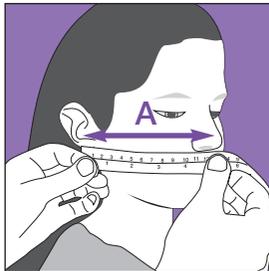
1. Wash hands



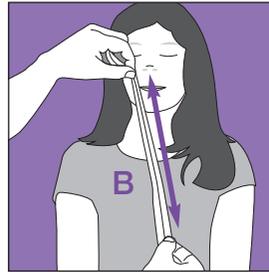
2. Prepare equipment and explain procedure



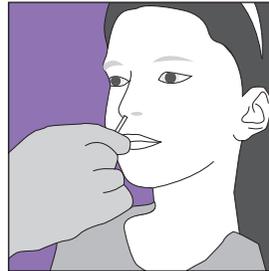
3. Clear nostrils



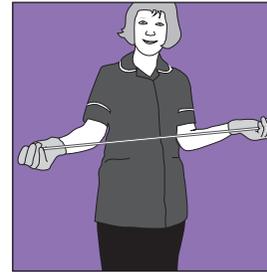
4. Measure depth A



5. Measure depth B, add A + B together and add an additional 30cm. Note the total depth.



7. Lubricate tip & pass tube



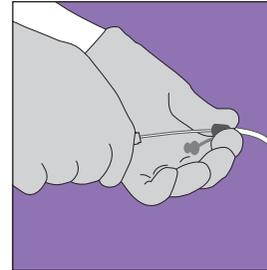
6. Stretch tube



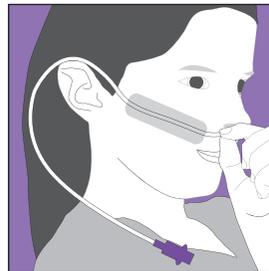
8. Drink or swallow



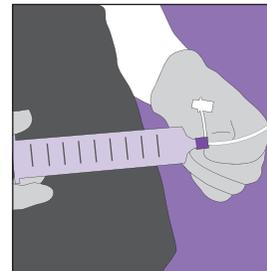
9. Confirm position with X-Ray



10. Remove guidewire



11. Fix tube onto face



12. Flush tube and check function

Please note: The Nasojejunal tubes have a single open end feeding port that allows them to be passed over an endoscopically or radiologically placed guidewire should this be needed.

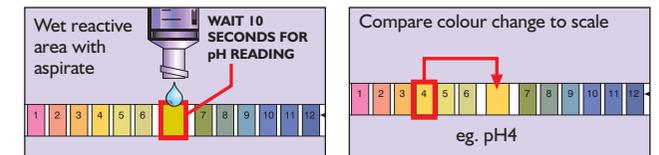
Insertion

The tube is stretched to remove any memory retained from the packaging, which prevents the guide-wire sticking. The length of the tube is estimated by measuring the sternum to the tip of the nose, added to the tip of nose to ear lobe (add approximately 30cm more for jejunal feeding). This length should be noted against the scale on the tube. For insertion, the tip of the tube is lubricated with water and gently inserted into the nose with the head bent slightly forward. If possible, the passage of the tube can be aided by the patient swallowing a sip of water.

! NOTHING should be introduced down the tube before gastric placement has been confirmed. DO NOT FLUSH the tube before gastric placement has been confirmed. The internal guide wire should NOT be lubricated before gastric placement has been confirmed.

Confirmation of position

Initial tube placement must be confirmed by X-ray. Medicina Nasojejunal tubes are fully radio-opaque. Subsequent tests can be identified by aspiration of the jejunum using a pH strip. If the pH drops it will indicate the tube has moved back into the stomach. The indicator strip is used by attaching a female ENFit syringe (20 or 50mls) onto the guide wire holder (male ENFit) or the purple (male ENFit) connector of the tube. The connections should be secure and airtight. A small quantity of fluid should be aspirated and its pH can be tested on the centre section (not numbered) of the pH strip.



This change colour relative to pH can be read on the scale.

- | | | |
|--------------------------------|--------|-------------|
| 1. Normal gastric position | pH 1-5 | FEED |
| 2. Normal bronchial position | pH 6-8 | DO NOT FEED |
| 3. Normal small bowel position | pH 6-8 | |

If aspirate can not be obtained, then a small amount of air can be inserted or the patient and/or the tube can be repositioned. (An aspiration guide should be enclosed in the outer box of the pH indicator papers).



Feeding should not commence if there is any doubt about the position of the tube. The indicator strip should show a definite colour change. Medications may elevate the pH and some bronchial secretions can be acidic. The pH test is a simple part of the whole clinical picture. If there is any doubt then an X-ray should be performed.



Small syringes can generate high pressures sufficient to burst the tube. Syringes may also cause the tube to collapse if excessive pressures are generated. Aspiration should not be continued if resistance is felt.

Securing the tube

Having carefully removed the guide wire the position of the tube should be noted. Then the tube can be secured to the nose using the plaster provided. In addition the tube can be secured to the face under the cheekbone with tape.

Connections

Feeding and medicine connections are made to the purple male ENFit connectors on the tubes. All tubes should be flushed before and after medicines, after feeds and every four hours. Typical volumes would be 20-30mls in adults, 10-20mls in children and 5-10mls in Neonates. (Care should be taken with fluid restricted patients). If the tube blocks a small quantity of fizzy water can be tried but never re-introduce the guidewire.

nasojejunal tubes

NJP6/120L	6FR x 120cm length
NJP8/120L	8FR x 120cm length
NJP8/130L	8FR x 130cm length
NJP10/130L	10FR x 130cm length
NJP12/130L	12FR x 130cm length
NJP14/130L	14FR x 130cm length

weighted nasojejunal tubes

NJP10/130LW	10FR x 130cm length
NJP12/130LW	12FR x 130cm length
NJP14/130LW	14FR x 130cm length



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