

File within 3rd spine

Place patient sticker **within** this box



Royal Cornwall Hospitals
NHS Trust



Nasojejunal (NJ) / Jejunostomy



Care Plan commencement date	Care Plan completion date
Problem	
Patient has a poor dietary intake and requires feeding through a NJ/ Jejunostomy tube.	
Goals	
<ul style="list-style-type: none"> To prevent and identify potential complications to ensure safe feeding Prevent tube blockage through an adequate flushing protocol Explain all procedures care and treatment to patient. Maintain privacy and dignity and comfort throughout Take appropriate measures to prevent infection as NJ/ Jejunostomy will bypass gastric acid barrier. 	
Other individual goals	Sign, Designation Date and Time
Interventions	
<p>Details for Nasojejunal:</p> <p>Date inserted: _____ Interventional Radiology (IR) / Endoscopy: _____</p> <p>Confirmation of correct placement: Y / N (circle) _____ Tube model: _____</p> <p>Length at nostril:</p> <ul style="list-style-type: none"> Check position of NasoJejunal daily noting position of external markers. Document length in care plan Check regularly for nasal erosion Secure the NasoJejunal tube to the cheek using NG Griplock securement device. <p>Details for Jejunostomy:</p> <p>Date inserted: _____ Securement device : _____ Tube model: _____</p> <p>Length at skin:</p> <ul style="list-style-type: none"> Observe the position of the Jejunostomy tube daily (length at external fixation plate/ Document in nursing notes daily). Do not rotate the tube as this may kink and displace the tube Clean and dry stoma site daily with 0.9% saline using ANTT for first 14 days and thereafter soap and water. Dry thoroughly. Hygiene is the up most importance as the tube is in the small bowel and there is no gastric acid barrier as protection. Observe for signs of infection, leakage, swelling, redness or irritation. Report to medical team. A loose key-hole absorbent dressing may be required if stoma site exuding heavily. Monitor sutures (if sutured) and inform medical team if displaced. 	



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Interventions cont...

For both NJ/ Jejunostomy :

Refer to dietitian - Date of referral:

- Ensure patient has feeding regime prescribed and follow instructions. Flush tube with **sterile** water before during and after enteral feed and medications and as per Dietitians instructions – record all feed and flushes on fluid balance chart.
- Ensure patient is in an upright/ semi upright position (>30degree angle) during feed and for at least 1 hour after completion of prescribed feed if at risk of aspirating.
- Record the patient’s observations, Temperature, BP, pulse as per NEWS chart.
- Keep food chart if patient taking any additional oral diet
- Maintain Bristol stool chart
- Note if there is any pain or discomfort during feeding inform medical staff/ dietitian as necessary.
- Monitor for nausea and/ or vomiting – give prescribed anti emetics as per instructions. Consider Prokinetics.
- Ensure oral hygiene performed regularly
- Ensure that any prescribed medication can be administered safely via NJ/ Jejunostomy tube – seek advice from pharmacist.
- If tube becomes blocked inform medical team.
- Do **not** flush using force or reinsert guide wires (blind).
- If the patient no longer requires feeding via the tube ensure that the tube is flushed daily with sterile water at least 6 hourly.
- Contact District Nurse/ Community Gastrostomy nurse at discharge for ongoing management and patient support.

Dual lumen NJ feeding tube (i.e. with Gastric port): Please contact Nutrition team for further advice and/ or IR department/ Endoscopy.

Peg-j extension: Contact Nutrition Team for further advice re management.

NJ/Jejunostomy removed:

Date: _____ Reason: _____

Other individual interventions

**Sign, Designation
Date and Time**

Care plan activated

Sign

Print

Initial:

Designation

Care plan shared with patient

Sign

Print

Initial:

Designation