



JEJUNOSTOMY (JEJ) TUBE

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU AND YOUR CHILD ON HOW TO CARE FOR THEIR JEJ TUBE.

IMPORTANT NOTE: It is important that you contact your Homeward Nurse if you need additional training on the FloCare pump or tube feeding.



 **IMMEDIATE ACTION REQUIRED**

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion of a JEJ tube.

The following signs require **IMMEDIATE** urgent medical attention.

1. Pain during feeding (including medication delivery and water flushes)
2. Any pain or distress after procedure
3. New bleeding from the stoma site
4. Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions **MUST** be taken:

1. Stop feeding/medication delivery immediately.
2. Seek immediate medical advice in order that the patient is examined and their symptoms assessed immediately.

Messages must not be left on a telephone answering machine.

Contact the emergency number provided by the hospital.

Tel No: _____

IMMEDIATE POST PLACEMENT CARE (UP TO 10 DAYS) OF YOUR CHILD'S JEJ TUBE

Careful cleaning around the stoma site will reduce the possibility of soreness or infection.

- Wash hands before and after handling the tube
- Leave the external fixation device in place (if present); if the device is digging into the skin contact the managing healthcare professional for review immediately
- If your child's JEJ tube is secured with stitches and you note any loose or missing stitches, tape the tube to the skin to secure, do **not** use the tube, and contact the managing healthcare professional immediately for instructions on how to proceed
- If your child's JEJ tube is secured with a dressing, if it becomes loose, do **not** use the tube, and contact the managing healthcare professional immediately for instructions on how to proceed
- Clean the skin around the stoma site and under the external fixation device (if applicable) with sterile water or saline using sterile gauze (that does not shed fibres). Ensure the skin is then dried thoroughly. Do this at least once a day or as advised by the managing healthcare professional for the first 7 days
- From day 7 onwards, clean the skin around the stoma site and under the external fixation device (if applicable) with a mild soap solution and fresh tap water, using a clean cloth for this purpose only. Ensure the skin and external fixation device is dried thoroughly
- Report any inflammation or oozing from the site to the managing healthcare professional immediately and do not use the tube until you have received instructions on how to proceed.

DAILY CARE OF YOUR CHILD'S JEJ TUBE

After 10 days post placement it is advised to care for the skin and tube as follows:

- Wash hands before and after handling the tube
- Leave the external fixation device in place (if present), ensure it remains 2-5mm from the skin
- Note the tube position by observing the cm graduation marking at the skin surface
- Clean the skin around the stoma site and under the external fixation device as per the training provided by the Homeward Nurse. Ensure the skin and external fixation device are thoroughly dried – do this once per day
- If your child's JEJ tube is secured in place with stitches or a dressing, check daily that they remain intact and in good condition. Any concerns, contact a healthcare professional for advice
- Flush your child's JEJ tube as per training provided by the Homeward Nurse, with water suitable for jejunal use (type and volume as recommended by the managing healthcare professional) before and after the administration of enteral nutrition or medication or 4-6 hourly if feeding is not in progress (except during the night) or as recommended by the managing healthcare professional, to prevent tube blockage
- Do **not** rotate the feeding tube.

HOW DO I CHECK THE POSITION OF MY CHILD'S JEJ TUBE?

It is important to check the position of the tube, as demonstrated during the training provided by the Homeward Nurse, to make sure the enteral nutrition goes directly where it should in the body (the jejunum). Check the position of the JEJ tube prior to using the feeding tube by observing the cm graduation marking of the feeding tube at the skin surface has not changed since initial insertion and the stitches and dressing remain intact.

If your child's JEJ tube appears to have moved (if it appears longer or shorter, or the cm graduation marking is different, or the stitches/dressings are loose or are missing), do **not** use the feeding tube and contact the managing healthcare professional for further instructions.

IMPORTANT NOTES

It is important your child is sitting at a 45° angle during enteral feeding and for at least one hour after enteral nutrition has been administered.

Avoid using creams and powders as they can damage the tube material and may lead to irritation of the skin and give rise to infection.

If the skin around the site becomes red or sore, or there is oozing or bleeding from the site, contact a healthcare professional for advice. Only apply a dressing if advised to do so by a healthcare professional.

Your child can shower, bath and swim as normal if the stoma tract has been fully formed. As healing is dependent on your child's medical condition please check with the managing healthcare professional for advice.

Always ensure the JEJ tube end is closed and any clamp on the tube is applied during these activities. Always dry the site and tube thoroughly after bathing and swimming.

TROUBLESHOOTING THE JEJ TUBE

MY CHILD'S JEJ TUBE HAS BECOME BLOCKED

If there is resistance when flushing the JEJ tube, do not force water into the tube:

Check the tube cm marking at skin surface remains the same as when the JEJ tube was placed. If it appears longer or shorter, or the stitches/dressings are loose or missing, do **not** attempt to unblock the tube. Immediately contact a healthcare professional for instructions on how to proceed.

- If safe to unblock, using a gentle pull and push technique flush the tube using a 60ml enteral syringe with warm water, type and volume as recommended for jejunal use by the managing healthcare professional

Do not use acidic solutions such as fruit juices or cola as they can curdle the enteral nutrition product.

- If a blockage still exists, gently squeeze the tube between the fingers along the length of the tube as far as possible
- If the blockage persists contact the managing healthcare professional or Homeward Nurse for further advice.

IMPORTANT NOTE

You are advised to contact the managing healthcare professional immediately if there is any reason medication or enteral nutrition needs to be delayed or omitted due to no available enteral or oral route.

MY CHILD'S JEJ TUBE HAS COME OUT

IMPORTANT: If the tube has been removed or if there are any signs of trauma to the stoma tract (such as bleeding), or any signs of pain or distress, please seek urgent medical review.

- Your child will need to have a new feeding tube inserted as soon as possible, otherwise the stoma tract will start to heal and may completely close soon after the JEJ tube has come out
- A JEJ tube cannot be replaced at home. Contact the managing healthcare professional immediately. A doctor will need to replace the feeding tube in hospital.

Follow the steps below:

- Remain calm
- Place a clean dry dressing over the stoma site to prevent contents leaking onto the skin or clothes
- If your child is in pain and it is safe to have oral medication they should take their prescribed pain relief
- Contact the managing healthcare professional and explain that the JEJ tube has come out
- If the managing healthcare professional is unavailable, contact the GP or local hospital emergency department to let them know the JEJ tube will need to be replaced. Inform the emergency department what type of JEJ tube it is (if you know) and take the old tube that has fallen out with you in a clean plastic bag
- Emphasise that the new feeding tube will need to be replaced as soon as possible as the stoma tract will heal over and may completely close soon after the JEJ tube has come out.

The Nutricia Homeward Nursing Service advice literature is provided as guidance following Nutricia Homeward Nursing Service training, and should not be used as a substitute for medical advice. Always contact your healthcare professional prior to making any changes to your tube feeding regimen.

Please contact the Homeward Nurse or managing healthcare professional for the most up to date version every year. Provided on behalf of Nutricia Ltd at the request of the NHS managing healthcare professional.

IMPORTANT: Always seek urgent medical advice if there are any signs of abdominal pain, chest pain or breathing difficulties.

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