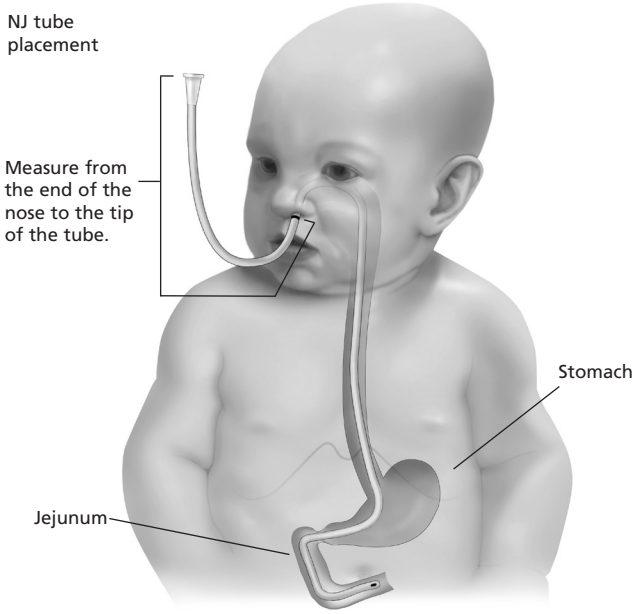
Let's Talk About...

# NJ feeding

**A nasojejunal tube** (NJ tube) is a soft, flexible tube put into the nose, through the stomach, and into the **jejunum** (jay-JOO-nem). The jejunum is a part of the intestines. The tube carries formula and medicine into the jejunum where it can quickly be absorbed into the body. This will give your child the calories and liquids he needs to grow.




## Why does my child need an NJ tube?

An NJ tube is used when your child is not able to eat by mouth. This may be caused by one of the reasons listed below. Your child:

- Has a problem sucking and swallowing, or does not have a good "gag" reflex.
- Is at risk inhaling food down the airway into the lungs instead of swallowing.
- May have injured his mouth, throat, stomach, or internal organs so he cannot eat by mouth.
- May need slow feedings, to give his body time to absorb the liquid food (or calories).

## How is an NJ tube put in place?

Your child will receive the NJ tube in the Medical Imaging department. Then your child will have an x-ray to make sure the tube is in the right place.

When the tube is in the right place, the doctor will make a green mark on the tube where it enters your child's nose. This mark is a checkpoint to make sure the tube does not move in or out. However, sometimes the mark wears off, so it is important to measure the tube length every day.

After the tube is put in place, it is taped securely to your child's cheek.

Your child will receive formula or breast milk continuously (goes in slowly all the time). The food will be given at the amount your child's doctor ordered. The amount of feeding your child receives will be regulated with a special feeding pump.

## What equipment do I need?

- Measuring tape.
- Feeding pump, formula, and feeding bags. The pump supplier will teach you how to use the pump and will supply you with the bags.
- A syringe to clean ("flush") the tubing.

## How do I give continuous feedings?

- Check to make sure the nj tube is in place every day. Do this by measuring the length of the tube from the tube at your child's nose to the end of the tube. If you think the tube has been pulled out, measure it again and compare it with your last measurement. If the tube outside the nose is longer by two inches or more (than when it

was placed), call your doctor to have the tube checked by x-ray.

- Set up the feeding pump according to the directions and give the feeding as instructed. Never give a "bolus" feeding (a large amount of fluid given quickly) through this tube. The liquid has to drip in slowly with the pump.
- Flush the feeding tube every four to six hours with 3 to 5 mL water (1 to 2 mL for a newborn) during the feeding.
- Change the feeding bag every 24 hours.
- Do not place more than eight hours worth of formula at one time. (in the hospital, there is no more than four hours of formula is placed in a bag at one time.) Do not add fresh or new formula to old formula.
- Do not place more than four hours worth of formula at one time if you are feeding breast milk or formula with supplements (for example, polycose, microlipids). Change syringes containing breast milk every four hours.
- It is ok to hang commercially prepared "ready to feed" hanging bags for 24 hours.
- Usually an NJ tube can be used for one month. The tube will then need to be replaced. In some instances, your doctor may determine that the tube can stay in longer.

## How do I give medicines through the NJ tube?

Use liquid medicines whenever possible. Liquids should be room temperature or warmer. Cold fluids can cause stomach cramps.

1. If a liquid medicine is thick, add a small amount of water to thin it.
2. If you must use a medicine that comes in tablet form, crush the tablet well and add a small amount of water. Then crush again to dissolve the tablet as much as possible.
3. Do not use time-release capsules, enzymes, or enteric-coated tablets. Ask a nurse or pharmacist to confirm this type of medicine.
4. Do not mix medicines and formula together since that can cause the medicine to clump and causes the tube to clog up.
5. Be sure the tube is in correct position. Measure the tube from where it enters the nose. Look for the mark on the tube where it enters the nose.
6. Change the pump to the "on hold" position. Disconnect the feeding tubing from the NJ tube.
7. Flush the NJ tube with 3 to 5 mL (1 to 2 mL for newborns) of water.
8. Attach the syringe with the medicine to the NJ tube and give the medicine.
9. After you give the medicine, flush the NJ tube with 3 to 5 mL (1 to 2 mL for newborns) of water.
10. Restart the feeding.

## What are possible problems?

The most common problem with an NJ feeding is that the NJ tube has moved out of place.

Signs that the tube is not in the right place are:

- Coughing
- Vomiting
- Diarrhea
- Gagging
- Bluish skin
- No breathing, called apnea (AP-nee-uh)

## What do I do if my child has a problem?

If your child begins to cough, vomit, or gag during the feeding:

1. Stop the feeding.
2. Suction your child's nose and mouth with the suction bulb.
3. Stimulate your child to cry.
4. If your child is better, restart the feedings. If your child continues to cough, vomit, or gag, stop the feedings and call your doctor.

If your child has diarrhea:

1. Stop the feeding temporarily.
2. If the diarrhea continues, call your doctor.

If your child has bluish skin or is not breathing during the feeding:

1. Stop the feeding.
2. Suction your child's nose and mouth with the suction bulb.
3. Stimulate your child to cry.
4. If your child is better, restart the feedings. If his skin is bluish, stop the feedings and call your doctor.
5. If your child is not breathing, call 911.

## What do I do if the NJ tube comes out?

If the NJ tube comes out, or moves more than two inches out of place:

1. Stop the feeding.
2. Call your doctor so that he can arrange for the NJ tube to be replaced the same day. (Remember, this is the way your child receives food and fluids.)

## Helpful hints:

- Give a pacifier to a baby or young child to suck to promote oral stimulation.
- Touch and talk to your child during the feeding. Pick your baby or young child up for burping and cuddling. Interact with your child as you would with any other child.
- Provide mouth care at least once a day. Clean a baby's gums with a piece of gauze. For an older child, use a toothbrush with soft bristles on a small head.

If you have further questions or problems, contact your doctor.

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