

Let's Talk About...

Using an NJ Tube to Feed Your Child

A **nasojejunal** [nay-zoh-juh-JOO-nul] **tube (NJ tube)** is a way to give your child medicine and fluids such as formula or breast milk. It is a soft, flexible tube that goes into your child's nose, through their stomach, and into their jejunum [juh-JOO-num]. The jejunum is part of the intestines.

Why does my child need an NJ tube?

An NJ tube is used when your child cannot eat or drink by mouth. This can happen for different reasons:

- Your child may have a problem with sucking or swallowing.
- Your child may be at risk for food going down their airway and into their lungs. This is called **aspiration** [as-puh-REY-shuhn]. Aspiration can cause infections and other problems.
- Your child may have hurt their mouth, throat, stomach, or another organ and not be able to eat normally.
- Your child might need to be fed slowly so their body has extra time to absorb the fluids.

The NJ tube carries fluids and medicine into your child's body so they can live, grow, and get well.

How is an NJ tube put in?

Your child may need an x-ray to have their NJ tube put in. An x-ray can confirm that the tube is in the right place. After the tube is placed, it is taped to your child's cheek.

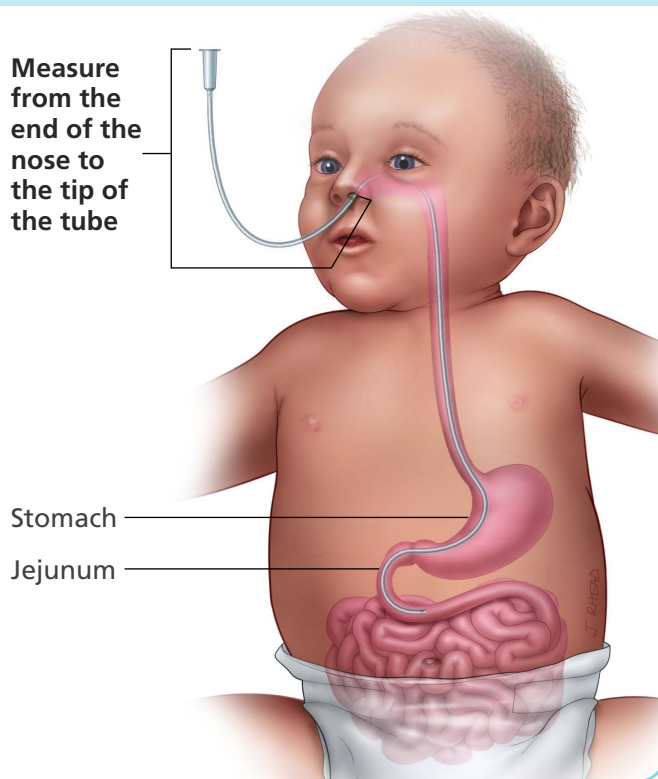
When the tube is in the right place, the doctor will make a green mark on the tube where it enters your child's nose. This mark shows you how much of the tube should stick out. It should not move farther in or out.

However, sometimes the mark wears off, so it is important to measure the tube length every day. If the NJ tube comes out more than 2 inches from the mark or all the way, it will need to be replaced at a hospital.

Usually, NJ tubes are replaced at least once a month. Sometimes, your child's doctor may decide that the tube can stay in longer.

NJ tube placement

Measure from the end of the nose to the tip of the tube



How do I use the NJ tube to feed my child?

Once you get home, your home care company or home care pharmacy will bring you the supplies you need, including a feeding pump. They will teach you how to use it.

The feeding pump sends formula or breast milk into the NJ tube so your child gets fluids all the time. A dietitian and your child's doctor will decide how fast or slow the formula or breast milk will be given.

What supplies do I need?

Here is what you need to give your child feedings and keep the NJ tube clean:

- Measuring tape
- Feeding pump
- Formula or breast milk
- Feeding bag tubing for formula feeding
- 60-mL (milliliter) syringe or special bag for breast milk
- Small syringe to clean the tubing (this is called **flushing**)

4 steps for a successful feeding

- 1 Check to make sure the NJ tube is in the right place.** Do this every day before you start any feeding or give medicine. To do this, measure the length of the tube from where the tube comes out of your child's nose to the end of the tube. This should be the same length every day. 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 2 inches or more (than when it was placed), call your doctor to have the tube checked by x-ray.
- 2 Always follow the instructions given to you by your home care company or home care pharmacy.** Never give a lot of fluid quickly through the NJ tube. The liquid must drip slowly and be at room temperature so it does not cause cramps.
- 3 Flush the feeding tube every 4 to 6 hours while you are giving a feeding.**
 - Use 1 to 2 mL of water for a baby younger than 1 month or 3 to 5 mL of water for an older baby or child.
 - Attach a small syringe with the right amount of warm water. Gently push the water into the NJ tube. Flushing the tube helps to keep it working.
- 4 Follow the instructions for the specific type of fluid you are giving.** The amount of formula or breast milk you can put into the feeding bag or syringe at one time will change depending on the type of fluid. The table below shows how much of each fluid you can give. **If you are not sure or you have questions, be sure to ask your child's doctor or nutrition specialist.**

Type of formula	Amount of formula in feeding bag or syringe	Change tubing / bag
Ready-to-feed formula for children older than 1 year	8 to 12 hours' worth	Every 24 hours
Mix-at-home formula	4 hours' worth	Every 24 hours
Infant formula, powdered formula, and breast milk	4 hours' worth	Every 24 hours
Any formula with supplements (proteins or microlipids)	4 hours' worth	Every 24 hours
Ready-to-feed formulas in a closed feeding bag	Can be used continuously for 24 to 48 hours	Every 24 hours

How do I give medicine through the NJ tube?

Follow these important steps if you need to give your child medicine through their NJ tube:

- **Use liquid medicine whenever possible.** Liquids should be at room temperature or warmer, but not hot. Cold fluids can cause stomach cramps.
 - If a liquid medicine is thick, add a small amount of water to thin it.
 - If you must use a medicine that comes as a pill, crush the pill well and add a small amount of water. Then crush again to dissolve the pill as much as possible.
- **Do not mix medicines and formula together.** It can cause the medicine to clump and can clog the NJ tube.
 - Be sure the NJ tube is in the right place. Stop the feeding and remove the feeding tubing from the NJ tube.
 - Flush the NJ tube with 1 to 2 mL of water for babies younger than 1 month or 3 to 5 mL of water for older babies and children.
 - Attach the syringe with the medicine to the NJ tube and give the medicine.
 - If your child needs more than 1 medicine, flush the tube with 1 to 2 mL of water between each medicine.
 - After you give the medicine, flush the NJ tube with 1 to 2 mL of water for babies younger than 1 month or 3 to 5 mL of water for older babies or children.
 - Restart the feeding cycle.

What problems should I watch for during a feeding?

The most common problem with an NJ tube is the tube moving out of the right place. If the tube is not in the right place, your child may:

- Cough
- Gag
- Vomit (throw up)
- Have bluish skin
- Have diarrhea (watery poop)
- Stop breathing

What should I do if my child has a problem?

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

- Stop the feeding.
- Suction your child's nose and mouth with the suction bulb.
- Make your child cry by lightly tapping them.

Once your child is better, start the feedings again. If your child still coughs, vomits, or gags, stop the feedings and call your child's doctor.

If your child has diarrhea, stop the feeding for a short time. If the diarrhea does not go away, call your doctor.

If your child has bluish skin or stops breathing during the feeding:

- Stop the feeding.
- Suction your child's nose and mouth with the suction bulb.
- Stimulate your child to cry.

Once your child is better, restart the feedings. **If your child is not breathing, call 911.**

