

Giving a Feeding in an NJ Tube (for children)

A **nasojejunal** [na-zo-jay-JOO-nel] tube (NJ tube) is a way to give your child fluids like formula, breast milk, and medicine directly into the body. It 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 or medicine into the jejunum so the body can use it properly. This gives your child the calories needed 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 and/or does not tolerate being fed into the stomach. This may be caused by one of the reasons listed below. Your child may:

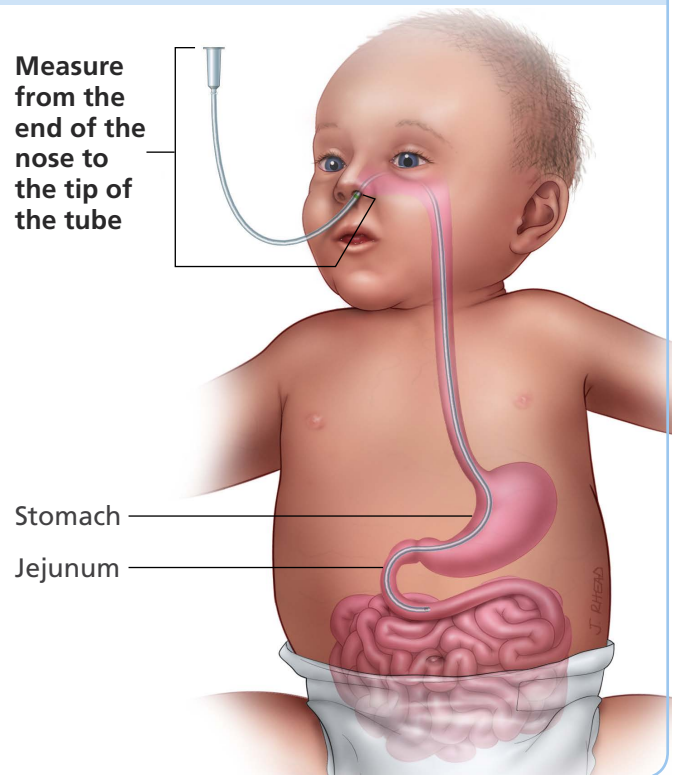
- Have a problem sucking and swallowing, or does not have a good “gag” reflex
- Be at risk of food going down the airway and into the lungs
- Have injured the mouth, throat, stomach, or internal organs
- Need slow feedings to give the body time to absorb the liquid nutrition

How is an NJ tube put in place?

Your child may have the NJ tube put in place in the Medical Imaging department. After it is placed, your child may 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 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’s 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. After the tube is put in place, it is taped to your child’s cheek.

NJ tube placement



Your child will receive formula or breast milk continuously (goes in slowly). A dietitian and your child’s doctor will decide how fast or slow the formula will be given. A special feeding pump controls how fast the formula or breast milk goes through the tube.

NJ tubes should be replaced with a new tube at least once a month. Sometimes, your doctor may decide that the tube can stay in longer.

Your home care company or home care pharmacy will bring you the supplies you need. They will bring a feeding pump and will teach you how to use it.

Type of fluid	Amount of fluid in feeding bag or syringe	Change tubing / bag
Breast milk	4 hours' worth	Every 24 hours
Powder formula	4 hours' worth	Every 24 hours
Ready-to-feed formulas	12 hours' worth	Every 24 hours
Homemade blended formulas	2 hours' worth	Every 24 hours

What equipment do I need?

- Feeding pump
- Formula and/or breast milk
- Feeding bag and tubing for formula feeding
- Feeding burette and tubing for breast milk
- Small syringe to clean (“flush”) the tubing

How do I give a feeding?

- **Check to make sure the NJ tube mark is in the right place every day before you start any feeding or give medicine.** If you think the tube has been pulled out, or 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.
- **Set up the feeding pump and give the feeding as instructed.** The liquid has to drip in slowly with the pump. The liquid should be at room temperature so it will not cause cramps. Never give a “bolus” feeding (a large amount of fluid given quickly) through an NJ tube.
- **Flush the feeding tube every 4 to 6 hours with 3 to 5 mL of tap water (1 to 2 mL for an infant) during the feeding.** To do this, attach a small syringe with the specified amount of warm water. Gently push the water into the NJ tube. This is called **flushing** and helps to keep the NJ tube working properly.
- **The amount of formula or breast milk you can put into the feeding bag or syringe at one time changes depending on the type of fluid given.** See the table above for details about the type of fluid your child is using. If you are not sure, call the Enteral Team.

How do I give medicine through the NJ tube?

Use liquid medicine whenever possible. Liquids should be at room temperature or warmer, but not hot. Cold fluids can cause stomach cramps. Always flush the tube with warm water before, between, and after giving each medicine. Speak with your pharmacist if you are unsure which medicines can be given with an NJ tube.

- 1 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.) Draw up the medicine solution into the syringe.
- 2 Do not mix medicines and formula together. It can cause the medicine to clump and can clog the NJ tube.
- 3 Be sure the NJ tube is in the right place.
- 4 Flush the NJ tube with 3 to 5 mL (1 to 2 mL for infants) of water.
- 5 Attach the syringe with the medicine to the NJ tube and give the medicine.
- 6 If your child has more than one medicine, flush with 1 to 2 mL of water between each medicine.
- 7 After you give the last medicine, flush the NJ tube with 3 to 5 mL (1 to 2 mL for infants) of water.
- 8 Resume the feeding.

What are possible problems?

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 (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 a suction bulb.
- 3 Make your child cry by lightly tapping them.
- 4 If your child is better, start the feeding again.
- 5 If your child still coughs, vomits, or gags, stop the feeding and call your doctor.

If your child has diarrhea:

- 1 Stop the feeding for a short time.
- 2 If diarrhea continues, call your doctor.

If your child has bluish skin during the feeding:

- 1 Stop the feeding.
- 2 Suction your child's nose and mouth with a suction bulb.
- 3 Make your child cry by lightly tapping them.
- 4 If your child is better, start the feedings again.
- 5 If they continue to have bluish skin, call 911.

If your child stops breathing during the feeding:

- 1 Stop the feeding.
- 2 Call 911.

What do I do if the NJ tube comes out?

If the NJ tube comes out or moves more than 2 inches out of place:

- 1 Stop the feeding.
- 2 Call your doctor so that they can arrange for the NJ tube to be replaced the same day. Remember, this is the way your child receives nutrition.

Helpful hints:

- Give a pacifier to your baby or young child to suck to help with 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 and dental care at least once a day. Clean your baby's gums with a piece of gauze or a clean washcloth. For an older child, use a toothbrush with soft bristles.

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

Need help or have questions?

Enteral Team

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