Insertion of Nasojejunal Tubes

Nasojejunal (NJ) tubes bypass the stomach and achieve post pyloric feeding. This is generally in instances of gastric outlet obstruction, which can have many causes, or from a direct surgical need to bypass the stomach.

NJ tubes are mostly used in patients with pancreatitis in the emergency setting however the vast majority will achieve nutrition with use of an NG and as such only after failed attempts to provide via this route should we then consider NJ placement.

See Pro-kinetic guideline that may also be considered prior to NJ use.

NJ tubes need to be accurately placed past the pylorus and can be done under direct vision by use of endoscopy or by using radiological guidance in the interventional radiology suite.

RIE:

Both services are only available Mon-Fri 09:00-17:00.

In first instance GI on call team can be contacted and will aim to either provide in the unit or in theatre. An endoscopy stack and team are required to come to place the scope and NJ.
If they are unable to attend, or other specific reasons for IR placement then contact IR team.

GI team Contact : Page 2117
Endoscopy unit: 21600
I/R Contact.: 23786

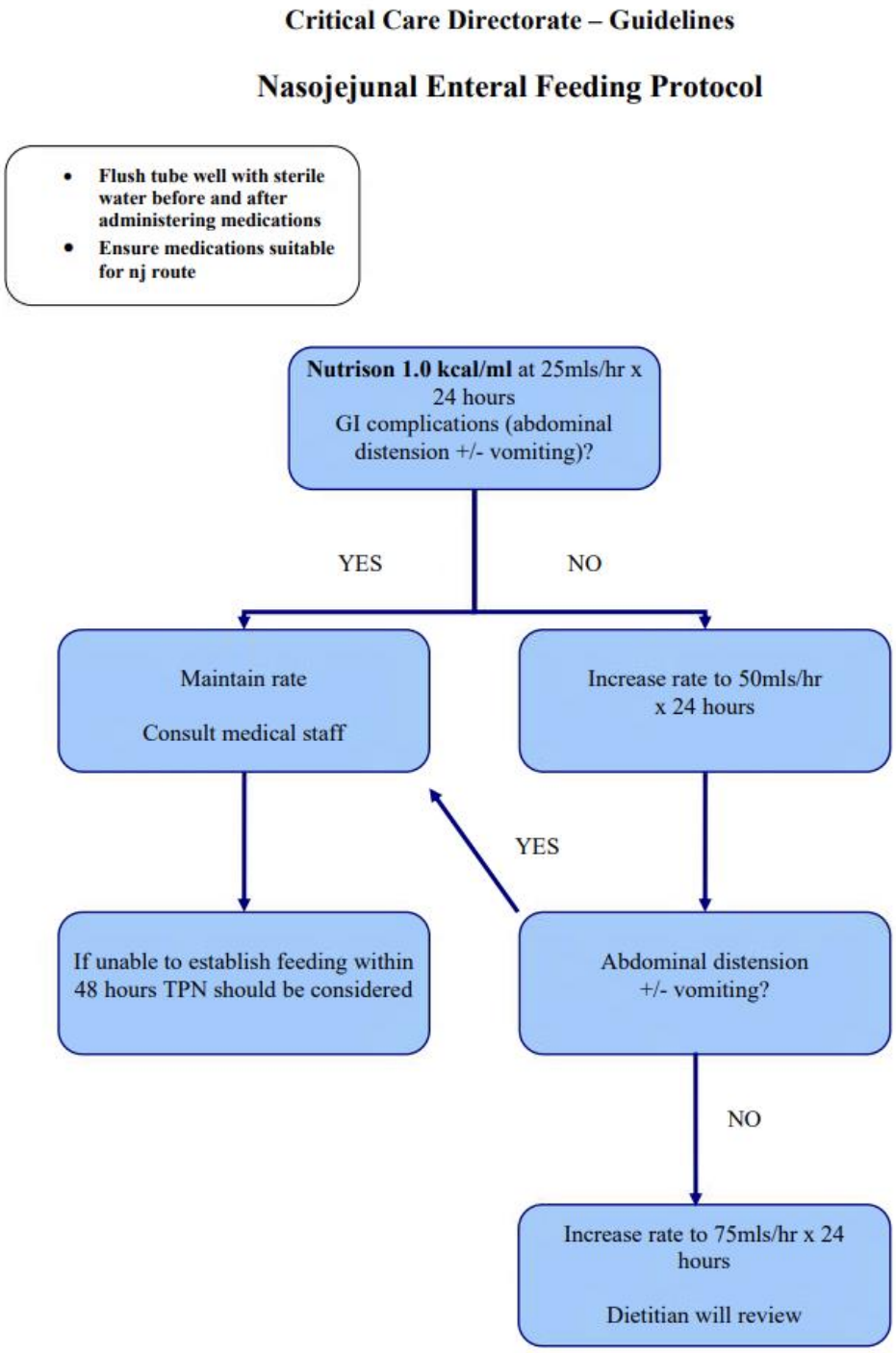
WGH:

Monday to Friday 09:00-17:00
Contact I/R : 32062
Duty Radiologist : 32315

SJH:

Contact GI Nutrition Nurse :
D McDonald to co-ordinate
Bleep: 3052
Phone number Gi nurse team : 53861

Specific feeding will be required for NJ tubes. Until Dietetic assessment please commence feeding as per critical care NJ feeding protocol:



NJ tubes do not require 4 hourly aspirates, doing so can precipitate blockage.

All NJ tubes should be held in place with a bridle given the complexity in their placement, process described is the same as for NG above.

A check CXR is still required to ensure has not herniated up into stomach or oesophagus after procedural placement, document as with NG tubes for safety prior to feeding commencing.

Insertion of nasojejunal tubes in critical care

Critical Care Guidelines
FOR CRITICAL CARE USE ONLY

Nasojejunal tubes are largely stocked in the endoscopy unit in RIE:

They have sizes 8-16 Fr (in keeping with all our stocked bridal sizes)
The Freka tube is preferred as this also has a gastric port for aspiration and drainage:

Freka "EasyIn" is a dual lumen NJ and NG tube.
It is placed endoscopically and has 2 ports – gastric and intestinal.

The gastric port allows aspiration/drainage of stomach contents. It requires a catheter tip syringe to aspirate.

The intestinal port has a purple ENFit end and is locally referred to as the jejunal port. It is used for enteral feeding and **should not be aspirated.**

The intestinal (inner)part of the tube has centimetre markings and numbers every 5cm
e.g. 100,105,110
The gastric (outer) part of the tube also has centimetre markings with a single number every 10cm so the number 5 mark = 50 cm, 6 = 60cm, 7 =70cm and so on.

Insertion of nasojejunal tubes in critical care

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