NJ Feeding Tube for Adults: *Home Instructions*

**What is an NJ feeding tube?**

**NJ tube** is short for *nasojejunal* tube. It carries food through the nose to the *jejunum* — part of the small intestine. The NJ tube is soft and flexible so it can pass through the nose and stomach comfortably. In the jejunum, food and medication can be quickly absorbed into your body. The jejunum is small, so it can only take a small amount of food at a time. With an NJ tube, food is given at a slow, continuous rate.

An NJ tube can usually be used for as long as it is needed. Your healthcare providers will replace it when it becomes clogged or it moves out of place.

**Why do I need an NJ tube?**

You may need an NJ tube if you can’t tolerate food in your stomach. You may have this problem if:

- You have severe reflux or vomiting
- Your stomach does not empty fast enough
- You have difficulty absorbing food
- You cannot swallow safely
- You have problems in your gastrointestinal (GI) tract

**How is an NJ tube put in place?**

An NJ tube is put in place at a hospital. It’s done either in the medical imaging department or at the bedside. An x-ray is taken to make sure it’s in the right place. Then the tube is taped securely to your cheek or nose.

It’s important to make sure the tube stays in the right place. A pen mark will be drawn on the tube at the point where it enters your nose. This will make it easier to see if the tube has moved in or out.

**What supplies do I need?**

- Feeding pump, formula, and feeding bags (the pump supplier will give you the bags and teach you how to use the pump)
- Tubing
- A syringe to flush the tubing and give medication

**How do I do continuous feedings?**

With an NJ tube, the formula needs to be given slowly and continuously, using a pump. Follow these steps:

1. **Always wash your hands** before and after handling the formula, bags, and tubing. Keeping your hands clean helps prevent illness and infection.
2. **Make sure the tube is still in the right place.** The mark on your tube should be at the point where the tube enters your nose. If the mark moves out farther, contact your doctor to have the tube checked by x-ray.
3. **Set up the feeding pump according to the directions** and give the feeding as instructed. Giving the feeding faster than recommended can cause diarrhea.
4. **Flush the feeding tube with water at least every 4 to 6 hours during feeding** — or as often as recommended. Fill the syringe with the amount of water recommended and push the water into the medication port or feeding port. (Your supplier may provide a pump that flushes automatically.)
5. **Empty the bag before adding formula** — do not add new formula to old formula.
6. **Change the feeding bag every 24 hours.**
How do I take medication through the NJ tube?

Medication is put in the tube with a syringe — do not add it to the feeding bag. Whenever possible, use liquid medication. Do not use time-release capsules or enteric-coated tablets. Follow these steps:

1. **Wash your hands** before and after giving the medication.
2. **Change the pump to the “on hold” position.**
3. **Flush the tube with at least 20 mL (milliliters) of water.** Do not mix medications and formula together. If the medication mixes with small amounts of formula — or another medication — in the tube, the tube could clog.
4. **Prepare the medication in the syringe.**
   - If a liquid medication is thick, add a small amount of water to it. Liquids should be room temperature or warmer. If they’re cold, they can cause cramping.
   - If you must use a medication that comes in tablets, crush the tablet in a bowl or with a mortar and pestle. Add 5 to 10 mL (1 to 2 teaspoons) of warm water and crush the tablet again to dissolve it completely. Draw up the medication in a syringe.
5. **If giving more than one medication, give each one separately.** Flush the tube with water between each one.
6. **Be sure the tube is in its correct position.** Look for the pen mark where the tube enters the nose.
7. **Give the medication:**
   - If the tube has a separate medication port, attach the syringe to it and give the medication.
   - If the tube doesn’t have a separate medication port, disconnect the feeding bag tubing from the NJ tube. Then, attach the syringe with the medication to the NJ tube and give the medicine. Reattach the feeding bag tubing.
8. **Flush the NJ tube with at least 20 mL of water again** after the medication has been given.
9. **Turn the pump back to the feeding position.**

What if I have a problem?

The most common problem is that the NJ tube has moved out of place. Other common problems are listed below.

If the tube becomes clogged or flushes sluggishly:

1. Use a small syringe to try to flush the tube with warm water. Mild pressure may be needed, and it may take a few tries.
2. If warm water doesn’t work, gently pull back and forth on the syringe several times. (Don’t pull on the feeding tube.)
3. Your supply company may provide you with enzymes to unclog your tube. If so, follow their instructions.
4. If the water passes through, flush more water to make sure it’s completely clear. If the tube is still clogged, call your healthcare provider.

If you begin to cough, vomit, or gag during feeding, your tube may have come out of place:

1. Stop the feeding.
2. Cough several times.
3. If you continue to cough, vomit, or gag, call your healthcare provider.

If the NJ tube comes out, or moves more than 4 to 5 inches out of place:

1. Stop feedings.
2. Call your healthcare provider to arrange for the NJ tube tip to be checked. The tube may need to be moved or replaced.

If you have ongoing diarrhea, constipation, nausea, vomiting, or bloating, contact your healthcare providers. Remember, though, that some liquid stool is common, since all your food is liquid.

If breathing becomes especially difficult, call 911.

If you are caring for someone with an NJ tube and the patient has bluish skin or is not breathing:

1. Call 911.
2. Stop the feeding.
3. Begin CPR or rescue breathing if appropriate and you are trained in it.