

ENTERAL FEEDING PATIENT

Date _____ Signature _____

This patient has a **GASTROJEJUNOSTOMY / TRANSGASTRIC JEJUNOSTOMY**

Tube Make: **MIC** (Avanos) **OTHER** _____

Tube Size _____ Fr No: Of Lumens: Single Double

Balloon water volume _____ ml Level at skin _____ cm

Date placed _____ Due for removal/replacement _____



Name:
Date of Birth:
Trust ID:
Address:
Date:

DATE FROM _____ UNTIL _____

IMMEDIATE NURSING CARE (DAY 1-14) IN A NEW STOMA TRACT

Day 1

- Nil via Gastrojejunostomy or mouth for first 6 hours
- Monitor temp, BP, respiration rate, pulse, pain score and site every **15 min for the first 1hr** and then every **30 min for the next 3hrs**
- At 6 hours post insertion flush with 30ml sterile water (via the intestinal or jejunal port if it is a double lumen tube). If patient is pain free commence the Enteral Feeding Regimen provided by the Dietetic Department (starts with a 50ml water flush hourly for 4 hours before feeding)

Day 2-14

- Inspect site daily
- Clean with saline/sterile water and dry
- Do NOT advance or rotate the tube
- Do NOT cut the gastropexies (if present) – these sutures should dissolve in 2-3 weeks. If not, they can be cut at day 21
- The stoma should be healed and not need a dressing. However if still healing, use a dry keyhole dressing over the site

General Care advice

- Flush **slowly** with a minimum of 30ml sterile water before and after feed and/or medication, and a minimum of every 4 hours to keep tube patent
- Do NOT use the balloon inflation port (labelled 'BAL') for anything other than checking the water volume and inflating the balloon
- Only use a 60ml Enteral syringe for giving flushes and medication
- **Double lumen tubes only:**
 - Use the intestinal port ('I') for feed, flushes and medication unless advised by your medical/surgical team or dietitian.
 - Use the gastric port ('G') for drainage of gastric secretions if indicated

DATE FROM _____

LONG TERM NURSING CARE -FROM DAY 15 ONWARDS IN A NEW TRACT & FOR A NEW OR ESTABLISHED TUBE IN A FORMED TRACT

DAILY

Move the fixation plate gently:

- Clean around the site with soapy water and dry
- Replace the fixation plate 2-5 mm from the skin.

WEEKLY

- Move external fixation device whilst holding tube next to abdominal wall
- Replace with amount of sterile water specified above * (dependant on balloon size) using a 10ml luer slip syringe

General Care advice

- NEVER advance the tube.
- NEVER rotate the tube.
- A dressing should not be needed
- Flush with a minimum of 30ml sterile water every 4 hours to keep tube patent.

ALERT

If there are any of the following:

- Pain on feeding
- Prolonged or severe pain post-procedure
- Fresh bleeding
- External leakage of gastric content
- Concerns about jejunal tube displacement e.g. vomiting/abdominal distension
- Balloon is empty (tape tube to skin immediately)
- Balloon water is not clear e.g. gastric content/feed/medication
- Balloon has 1ml more or less of water than was inserted
- If the tube comes out the stoma will start closing in 30mins and may be fully closed in 4hrs

Then

- STOP the feed immediately
- Bleep the Gastroenterology Registrar or Out of Hours the On-Call Medical Registrar for urgent advice
- Contact Interventional Radiology on 4240 if the tube has come out (Mon-Fri 8am – 4pm)

Be particularly vigilant with patients who have communication difficulties

If you are concerned tip of tube is misplaced and not in the jejunum, consider a tubogram

If a rash is observed around the stoma site alert the Gastroenterology Registrar or Out of Hours the On-Call Medical Registrar re: potential NICKEL allergy from the gastropexy buttons