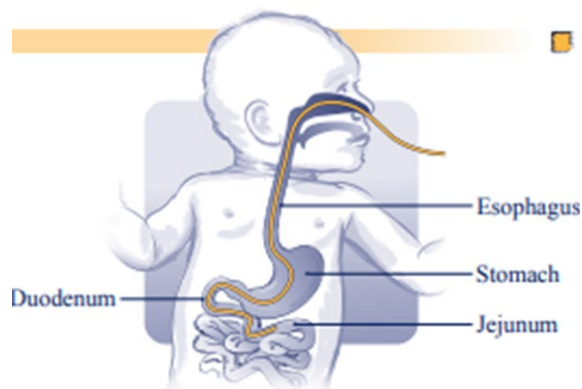


Going Home with a Nasojejunal (NJ) Tube

What is a nasojejunal (NJ) tube?

A **nasojejunal (NJ)** tube is a feeding tube that passes through the nose, with the tip of the tube ending in the part of the small intestine called the **jejunum**. You can read more about this in the Pediatric Ear, Nose, and Throat Manual online at:



homecare.med.umich.edu/Content/Documents/HomeMed/pedentmanual.pdf

The purpose of the tube is to give your child feedings or medications because they're unable to take them by mouth and they can't receive feedings directly into the stomach.

Information about your child's NJ tube:

Your child's NJ tube is not bridled / bridled.

It is a size _____ fr. It is secured at the nare (nasal passage) at _____ cm.

What are the use instructions for my child's NJ tube?

- Your child's doctor or nurse will work with you to make a feeding plan that is best for your child.
- You should give feeds through an NJ tube by a continuous method over a long period of time (generally 10-24 hours). Do not give feeds using a fast or bolused method (generally a shorter amount of time, or using gravity).
- Use liquid medications whenever possible. If you need to use a pill, crush it into a fine powder and then mix it with warm water.

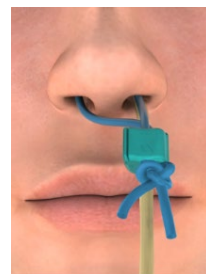
- Flush the tube well before and after feeding and giving medication to prevent clogging.
- Check the number on the tube near the nostril before using it for feeding or giving medication to make sure the tube is in the correct place.

What can I do if there are issues with the NJ tube?

- Keep the tube secured. You may use tape on the cheek or a bridle (read more about bridle care below).
- To prevent sores, make sure the tube is not rubbing against the nostril.
- If the tube becomes clogged, try flushing it gently with warm water with a 30 mL syringe. If you cannot unclog the tube, call your doctor or nurse.
- You should not see stomach contents in the tube when you pull back on a syringe. If you do, this may be a sign that the tube has moved out of the jejunum, and you should call your child's doctor and go to the local emergency department. We can only check the NJ tube's placement by doing an X-ray.
- If the NJ tube becomes dislodged (meaning you think it has moved out of the jejunum or if it comes out of their nose), please call your child's doctor and go to the local emergency department.

How do I care for the NJ tube's bridle?

- Check your child's skin around the bridle to make sure it is not causing a sore.
- If the tube gets dislodged, you may need to remove the bridle. We will give you a bridle clip tool to unclip the bridle securement device if needed.



When should I call my child's doctor or nurse?

Call your child's doctor or nurse if:

- Your child starts coughing, choking, or vomiting

- You see stomach contents in the tube when you pull back on a syringe
- You think the tube has moved out of place
- The tube falls out
- You are unable to unclog the tube
- You have questions or concerns

If your child's tube is pulled out, or if you think it has moved out of place, call your child's doctor immediately and go to your local emergency department.

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