

Let's Talk About...

NJ Feeding

A nasojejunal (nā-zō-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?

A NJ tube is used when your child is not able to eat by mouth. This may be caused by one of the reasons listed below. Your child:

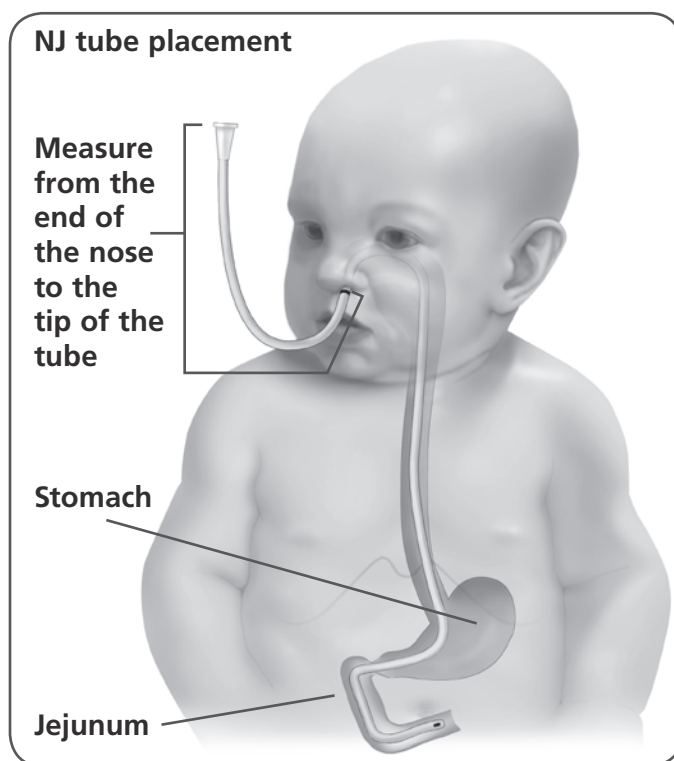
- Has a problem sucking and swallowing, or does not have a good “gag” reflex.
- Is at risk of food going down the airway and into the lungs.
- May have injured the mouth, throat, stomach, or internal organs.
- May need slow feedings, to give the body time to absorb the liquid nutrition.

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 green 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 is important to measure the tube length every day. If the NJ tube comes out more than two 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.



Your child will receive formula or breast milk continuously (goes in slowly all the time). 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 enters your child.

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.

Once you get home, 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.

What equipment do I need?

- Measuring tape
- Feeding pump
- Formula or breast milk

Type of formula	Amount of formula in feeding bag or syringe	Change tubing/bag	Additional information
Canned formula or Mix-at-home formula	8 hours' worth	Every 24 hours	
Infant formula or Breast milk	4 hours' worth	Every 24 hours	Change syringes with breast milk every 4 hours
Any formula with supplements (polycos or micro lipids)	4 hours' worth	Every 24 hours	
Ready-to-feed formulas in a closed feeding bag	This type of formula can be used continuously for	Every 24 hours	

- Feeding bag tubing for formula feeding
- 60 mL syringe 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 is in the right place every day and before you start any feeding or give medicine. To do this, measure the length of the tube from where the tube comes out of your child’s nose to the end of the tube. This should be the same length every day. If you think the tube has been pulled out, measure it again and compare it with your last measurement. If the tube outside the nose is longer by two 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. Never give a “bolus” feeding (a large amount of fluid given quickly) through this tube. The liquid has to drip in slowly with the pump. The liquid should be warm so it will not cause cramps.
- Flush the feeding tube every 4–6 hours with 3–5 mL water (1–2 mL for a newborn) during the feeding. To do this, attach a small syringe with 3–5 mL of warm water. Gently push the water into the NJ tube. This is called flushing and helps to keep the NJ tube working.
- 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 table above for details about the type of fluid your child is using. If you are not sure, ask the bedside nurse.

How do I give medicine through the NJ tube?

Use liquid medicine whenever possible. Liquids should be room temperature or warmer, but not hot. Cold fluids can cause stomach cramps.

- 1 If a liquid medicine is thick, add a small amount of water to thin it.
- 2 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.
- 3 Do not mix medicines and formula together. It can cause the medicine to clump and can clog the NJ tube.
- 4 Be sure the NJ tube is in the right place. Put feeding pump on hold. Remove the feeding tubing from the NJ tube.
- 5 Flush the NJ tube with 3–5 mL (1–2 mL for newborns) of water.
- 6 Attach the syringe with the medicine to the NJ tube and give the medicine.
- 7 If your child has more than one medicine, flush with 1–2 mL of water between each medicine.
- 8 After you give the medicine, flush the NJ tube with 3–5 mL (1–2 mL for newborns) of water.
- 9 Start the feeding again.

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
- Vomit (throw up)
- Have diarrhea (watery poop)
- Gag
- Have bluish skin
- 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 the suction bulb.
- 3 Make your child cry by lightly tapping him.
- 4 If your child is better, start the feedings again.
- 5 If your child still coughs, vomits, or gags, stop the feedings and call your doctor.

If your child has diarrhea:

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

If your child has bluish skin or stops breathing during the feeding:

- 1 Stop the feeding.
- 2 Suction your child's nose and mouth with the suction bulb.
- 3 Stimulate your child to cry.
- 4 If your child is better, restart the feedings.
- 5 If your child is not breathing, call 911.

What do I do if the NJ tube comes out?

If the NJ tube comes out, or moves more than 3 inches out of place:

- 1 Stop the feeding.
- 2 Call your doctor so that he 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 a 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 a baby's gums with a piece of gauze. For an older child, use a toothbrush with soft bristles.

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

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