

GUIDELINES FOR THE CARE OF A JEJUNOSTOMY FEEDING TUBE

This guide should be used for those patients who have had an uncomplicated insertion of a Kabi-Fresenius, 9 fg jejunostomy feeding tube.

Commencing feeding

On return from theatre 10ml/hr of sterile water should be infused to keep the jejunostomy tube patent. The patient's clinical condition should be monitored for signs of haemorrhage or leakage of intestinal fluid at the stoma site. Feeding can usually be commenced on the first post-operative day.

Feeding should not be commenced in patients who are shocked, hypotensive or inadequately resuscitated because of the rare but often fatal complication of jejunal necrosis.

Administration of medication

Consult the pharmacist for advice regarding suitable preparations for drug administration via the jejunostomy tube. This will help prevent occlusion of the feeding tube and ensure that the drug is able to be absorbed via this route.

Flushing the tube

Tube blockage is a common reason for tube failure. The tube should be flushed with 30ml sterile water:

- before commencing feeding or after it has stopped
- before and after the administration of drugs (consult pharmacist)
- between different drugs (use 5-10ml water)
- every 6 hours during continuous feeding
- at least once a day if the tube is not being used.

Care of the peristomal skin site

- Observe the site daily and carefully clean both the puncture site and the fixation plate. For the first 14 days use saline employing aseptic technique. After 14 days soap and water may be used. Dry thoroughly after cleaning.
- A dressing is not usually necessary, although a sterile non-adhesive thin keyhole dressing e.g. NA Ultra can be used if preferred.
- Clean and/or redress more frequently if there is leakage at the stoma.
- Do not cut the sutures securing the fixation plate - these must remain in place to prevent the tube dislodging.
- Damaged sutures should be replaced immediately.
- Your surgeon may advise periodic replacement of the sutures.

Removal of the Jejunostomy

The jejunostomy tube can be removed when the patient has resumed full oral diet. The procedure should be undertaken by a surgeon, and can be performed at the bedside or as an outpatient.