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1. What is a Percutaneous Gastro Jejunal tube (PEGJ)?

Some children cannot have food given directly into the stomach as they may not be able to absorb the food properly in the stomach or they may have severe vomiting. These children have a PEGJ put in. Each child who has feeds given through a PEGJ has had a feeding plan developed by a dietitian. In most cases the tube feeds will give the child all of the food and fluids they need to grow and be healthy.

A PEGJ tube is a soft feeding tube placed into the child’s stomach and then the tube extends down from the stomach into the jejunum. The jejunum is part of the small bowel (intestine). The food is then able to be given directly into the jejunum, bypassing the stomach.

A PEGJ tube has two entry points (ports).

The gastric port opens into the stomach and this can be used to give some medications and to drain stomach contents. It is not commonly used to give formula.

The jejunal port opens into the jejunum and can be used to give formula and some medications.

The support worker must be very careful to use the correct port when caring for the child.

2. What is a Percutaneous Endoscopic Jejunal tube (PEJ)?

This tube is similar to a PEGJ but does not have an opening into the stomach (no gastric port). It is cared for in the same way as a PEGJ.

3. Care of the stoma

A stoma is a hole in the body which has been created by surgeons to allow the PEGJ to be placed into the body. It goes from the surface of the abdomen into the child’s stomach. The skin around the stoma needs to be cleaned every day to stop it from becoming sore or infected. This may be done when the child has their bath or shower.

Cleaning the stoma

- Remove the dressing (if applicable). Dressings are only needed on tubes that are leaking.
- Gently clean the skin around the stoma using cotton buds or a soft cloth with soap and warm water.
- Dry the skin thoroughly after cleaning, the skin must be kept clean and dry to prevent irritation and infection.
- Check for redness, swelling, oozing, or excess skin growing around the tube. Tell the parents if you see any of these.

4. Care of the PEGJ tube

It is important not to spin, turn or rotate the PEGJ tube as this can cause it to move out of the jejunum or cause injury to the jejunum. Care must be taken when handling the PEGJ. If you are concerned about the position of the tube, tell the parents.
5. **Mouth care**

Even if the child is not having any food or drink through their mouth, it is important to keep their mouth clean. This may be done by brushing their teeth twice a day with a soft tooth brush, or by using a soft wet cloth to wipe their teeth. Lip balm can be applied to stop the child’s lips drying out.

6. **What to do if the tube comes out**

6.1 **Preventing the tube from coming out**

- If it’s a long tube, keep it taped or pinned to the nappy or shirt
- Keep the child’s T-shirt over the tube. One-piece, snap T-shirts work best for infants and toddlers
- Use stretchy gauze (fastanet) over it

6.2 **What happens if the tube comes partially out?**

If the tube becomes partially dislodged you may see swelling around the tube. The child may have discomfort during the feed and the feed may be going in slowly. The child may start vomiting.

- Stop the feed immediately and contact the child’s parents
- Do not put anything down the tube
- Keep the tube in place by taping it to the skin
- Parents will get the tube fixed/changed at the hospital

6.3 **What happens if the tube comes completely out?**

- Cover the stoma with a small gauze dressing and tape it to the skin
- Place the tube in a clean plastic bag
- Contact the child’s parents as soon as possible
- The tube must be replaced within four hours or the stoma may begin to close

A PEGJ must not be replaced/reinserted at home. This must be done in hospital by a medical professional to ensure correct placement.

7. **Common problems**

7.1 **Blocked tube**

The best way to prevent blocked PEGJ tubes is by flushing them every four hours with cooled boiled or sterile water.

7.2 **Leakage around the tube**

Make sure the child’s skin is kept clean and dry. Use a gauze-dressing to keep the area dry.

7.3 **Broken skin**

Stomach (gastric) juices leaking around the PEGJ can cause the skin to become red and irritated. If this happens to the child you care for you may be asked to apply a barrier ointment to protect the skin. Aim to keep the skin clean and dry at all times.

7.4 **Infections**

If the stoma is infected, it may look red, swollen, have pus, an odour, feel hot and be sore, tell the child’s family if you notice any of these signs.
8. Feeding Procedures

The child specific care page has instructions on which feed to use and how to give it to the child. As the feed plan can change often, please check with parents for any changes at the start of each shift.

8.1 Water for flushes and extra water

- Cool boiled/sterile water is used for infants who are under 6 months, have problems with their immune system or as requested by the parents
- Tap water is suitable for most other children over 6 months

8.2 Care of feeding equipment and formula

8.2.1 Feeding sets and accessories

Wash all containers and feeding equipment in warm soapy water. Rinse well and drip-dry thoroughly before storing. It is recommended that they are stored in an airtight container in a cool dry place or in the fridge, ready for use with the next feed.

Feeding sets should be changed:

- Daily if the child is under one year
- Daily if the child has problems with their immune system
- Every two days for all other children

8.2.2 Expressed Breast Milk

- Expressed Breast Milk can be kept for 48 hours in the refrigerator
- For babies on continuous feeds EBM can be hung for 4-6 hours
- Fortified breast milk can be prepared at the time of feeding (as per child specific care page)

8.2.3 Feeds prepared from powdered formula

- For children on continuous feeds, formula prepared from powder for can be hung for 6-8 hours
- Pre-prepared feeds can be stored in a sealed plastic container in the refrigerator up to 24 hours
- Bring formula to room temperature before feeding

8.2.4 Ready to feed formula

- Unopened formula should be stored in a cool dry place and does not need refrigeration.
- If using a closed system pack set. Open formula does not need to be stored in the fridge and can be used for up to 48 hours.
- For children on continuous feeds ready to feed formula can be hung for 8-12 hours (if not in a closed system pack).
- Opened bottles or packs can be capped and stored in the fridge for up to 48 hours.

For care of the feeding pump please refer to the RCH@Home training manual: Flocare Infinity pump.

9. Giving formula through the Jejunal port.

Children who are fed through a PEGJ are usually on continuous (going all the time) feeds. Some may have short breaks from continuous feeds (check child specific care page).
9.1 Starting a feed via the Jejunal port

Tell the child that you are going to get them ready for their feed

1. Complete hand hygiene
2. Put the right amount of feed into the feed container
3. Connect the feed container to the pump feeding set, and hang container
4. If using an extension tube attach this to the end of the feeding set
5. Place the feeding set into the pump and close pump. Press ‘Fill Set’ to prime all tubing with feed
6. Clear previous volume from pump
7. Set rate on pump in mls/hr, set volume to be given.
8. Connect feeding set / extension tube to child’s jejunal port and start the pump feed
9. At the end of the feed administer water flush and disconnect all tubing
10. Complete hand hygiene

Giving medication

Ensure you continue to follow medication guidelines as per pre-drawn medication administration pages.

Check if the medication is to be given through the Jejunal port or the gastric port. Use the correct port to give the medication. Make sure you use cooled boiled water or sterile water to flush or mix medication.

9.2 Giving a medication via the Jejunal port

1. Complete hand hygiene
2. If a pump feed is currently running through the jejunal tube, pause the feed and disconnect feeding set, if required
3. Using a syringe filled with water for use as a flush, connect the tip of the syringe into the end of the tube or extension set
4. If required, use the extension set and fill the set with water. Next, connect the extension set to the child’s jejunal port and flush with water
5. Then take the medication syringe and gently push the medication into the tube.
6. When the medication has been given, flush the tube with water in a syringe (as directed on child specific care page), ensuring all of the medication has been given
7. Flush the extension set/tube with water in-between giving multiple medications
8. If applicable, re-connect the feed set and re-start a paused feed using the pump
9. Complete hand hygiene

9.3 Giving a medication via the Gastric port

1. Complete hand hygiene
2. Using a syringe filled with water for use as a flush, (as directed on the child specific care page), connect the tip of the syringe into the end of the tube or extension set
3. If required, use the extension set and fill the set with water. Next, connect the extension set to the child’s gastric port and flush the gastric port with water
4. Then take the medication syringe and gently push the medication into the tube.
5. When the medication has been given, flush the tube with water in a syringe (as directed on child specific care page), ensuring all of the medication has been given and the extension set is clear of medication.
6. Flush the extension set/tube with water in-between giving multiple medications
7. Complete hand hygiene