GASTRO-JEJUNAL FEEDING
INSTRUCTION FOR PARENTS

Some patients require to be fed directly into the first part of the small bowel in order to bypass the stomach.

Managing this type of feeding is quite different to tube feeding into the stomach

It is important to note that these tubes are:
- more difficult to put in position – they have to go beyond the stomach, and are placed at Xray or at endoscopy. An anaesthetic may be required to replace a tube that has fallen out or become dislodged.
- more easily obstructed, both from kinking and blocking, as are much longer and thinner.

Important things to note:
- A feeding pump must always be used to deliver the feed at a continuous rate
- Never draw back on the jejunal feeding port with a syringe or suction
- NEVER rotate the gastro-jejunal feeding tube at the gastrostomy site.

TO AVOID BLOCKAGES:
- Do not administer medications through the jejunal feeding port (unless there is absolutely no alternative) If possible, give medications through the gastric port (if there is one) or else by mouth if safe to do so.
- Regular flushing of the jejunal tube is important to keep it viable. Flush with warm sterile water using a push-pause technique with the suggested volumes below:
  - Whenever feeds are stopped
  - Prior to restarting feeds
  - Pre and Post each medication administration (please refer to point above)
Patients at home should use water that has been boiled, then allowed to cool.
Suggested flush volumes: Naso-jejunal tube: minimum 10 mls
                          Gastro-jejunal tube: minimum 20ml

If the tube becomes blocked:
- Flush with warm sterile water as per above using the push-pause technique
- Avoid using carbonated beverages as these may worsen blockages
- Repeat as required.
- If tube unable to be unblocked, contact the home team (or ACE program) to arrange for the tube to be replaced