STAY-PUT Nasojejunal Feeding Tubes

Manual contains important care and maintenance information and should accompany patient
NURSING CONSIDERATIONS FOR EFFECTIVE USE OF THE STAY-PUT NASOJEJUNAL FEEDING TUBES

The STAY-PUT Combination Nasojejunal Feeding Tube combines a 9 FR tube for jejunal feeding within an 18 FR tube for gastric drainage/decompression.

The following information provides guidance on daily nursing care for the STAY-PUT Nasojejunal Feeding Tube.
9 FR

Red (FEED) Port

Bolus Tip

Fig. A

9/18 FR

Red (FEED) Port

Gastric Tube

Blue (DRAIN) Port

Bolus Tip

Fig. B
Red (FEED) Port leads to the 9 FR jejunal feeding tube. The tube is not sutured in the jejunum so you must monitor its position daily to prevent migration into the stomach. Take precautions for preventing aspiration.

Uses:
- Formula Administration
- Water Flushes
  - Do not administer drugs through the feeding port unless ordered by physician. Never inject sucralfate or other foaming medications, as they may occlude tube.

Blue (DRAIN) Port on the 9/18 FR combination tube leads to the 18 FR tube positioned in the stomach. The tube has external markings every 10 centimeters for monitoring tube position and detecting migration into the duodenum. Take precautions for preventing aspiration.

Uses:
- Stomach Decompression
- Drug Administration (Crushed or liquid medications can be delivered through this port.)
- Water Flushes
Securing the Tube

- The tube should be secured to the patient’s nose using the dressing contained in the kit.

Monitoring Jejunal Feeding Tube Position

- Monitor jejunal feeding line for migration per facility policy
- If jejunal feeding line migration back into the stomach is suspected check with physician because a follow-up x-ray may be required to verify tube placement.

Suctioning/Decompressing the Stomach with the 9/18 FR Combination Tube

- When desired, gastric suctioning can be performed through the tube’s DRAIN port. Intermittent suction at 120mm of Hg should be used to suction stomach. If continuous suction is used, a low setting of 60mm of Hg is recommended.
CAUTION: Use of continuous suction has the potential to damage the gastric lining.

CAUTION: It may be necessary to reposition the tube after the use of suction. Decompression of the air in the stomach may cause the relative position of the tube to shift so that the gastric tip and suction outlets are in the duodenum.

Poor gastric decompression or gastric distention may indicate that this situation exists. This has the potential to damage the duodenal lining. To correct the position, x-ray the tube in the stomach and small bowel. Note position of the tube’s gastric tip. Gently pull the tube back until the gastric tip is in the stomach. X-ray to confirm position. This procedure can be performed using fluoroscopy.

**Maintaining Tube Patency**

- To flush jejunal tube use 20-30cc of water (Volume may need to be adjusted based on the patient’s fluid needs):
  - Before and after each feeding
  - Every 4 to 6 hours during continuous feeding

- For the 9/18 FR Combination tube, you should periodically flush the blue gastric port with 20-30cc of warm water as well as before and after medication delivery.
Use of an Infusion Pump
If an infusion pump is used, pressure should not exceed 40 psi.

Administering Medication
All medications should be finely crushed and dissolved in water and injected through the DRAIN or FEED port. Whenever available, liquid forms of medication are recommended.

Nasal and Throat Care
- Clean the edges of both nostrils daily, using warm water and a cotton swab.
- You may want to lubricate the nostril with a water-soluble lubricant.
- Check the nose for signs of irritation or infection. If the patient complains of pain or if you notice bleeding, notify the physician.

Tube Removal
- Close the cap, grasp the tube near the feeding/suction adapter and gently pull. It may help to lubricate the nostrils with water-soluble lubricant before removal.
STRETCH-LOK® Strap:
Using this unique feature, feeding administration sets can be secured to the feeding tube to reduce the possibility of tube to set disconnection.
1. Place the loop in the STRETCH-LOK over the red FEED Port of the adapter.

2. Firmly insert feeding administration set through loop and into the red FEED port.

3. Stretch loop over the top edge of the feeding administration set luer adapter. Allow the loop to rest on the top edge of the luer adapter.
4. Disconnect by pulling STRETCH-LOK® Strap down to release.

**DOUBLE LUMEN ADAPTER INSTRUCTIONS FOR USE**

Suction tube connection:
When it is necessary to decompress the stomach, a standard suction tube can be attached directly to the feeding tube’s blue DRAIN port without the use of any additional adapters.

1. Remove the closure cap marked “G” on the blue DRAIN port of the adapter.
2. Place suction tube adapter over the blue DRAIN port. Advance the suction tube adapter until it catches the ridge at the top of the blue DRAIN adapter.