

Guidance: admitting patients with fine bore or jejunal enteral tubes

This includes the following tubes:

9 Fr Freka PEG	15 Fr Freka PEG with 9fr jejunal extension
Corflo PEG with jejunal extension – any size	Vygon transgastric double/single lumen jejunal feeding tubes – any size
Surgical Jejunostomy – any manufacturer/size	Balloon retained gastrostomy tube size 10 Fr or less

Aims

Minimise risk of tube blockage

Minimise risk of migration/displacement of jejunal extensions

Prior to admission, if possible, Dietitian will:

- Inform pharmacy and request urgent review on admission – highlight French gauge of tube and location e.g. gastric or jejunal
- Pharmacy will ensure that medications are in the most appropriate formulation and appropriate for jejunal administration if required
- Ensure ward staff are aware that Clog Zapper is available in the point of care clinical room

On day of admission Dietitian will:

Inform nurse and medical team in charge of tube type. Discuss the following:

- If jejunal tube then 100ml of sterile water should be flushed post feeds/medications to ensure full length of tube cleared – this should be detailed in the feeding regimen
- Using push/pause technique every time the tube is flushed with water, including for short breaks e.g. manual handling, showering etc. Remind nursing staff that this information must be cascaded to all HCAs who may stop feeds for the above reasons.
- Medications should be given with plunger in syringe not by gravity as this will increase the risk of blockage
- Inform wider MDT (therapists) that if stopping feed for session, manual handling, bed positioning etc, then they must ask a nurse to flush the tube
- Discuss daily and weekly care as per Enteral Tube Management Policy

