Guidance: Enteral tube displacement

If the displaced enteral tube:

- Is in a stoma site initially formed less than six weeks ago
- Is a direct jejunal tube
- Is a gastro-jejunal tube (jejunal tube with gastric port) where short term gastric feeding is not appropriate

YES →

- Secure tube to abdomen with tape (if tube not fully out)

OR

- Cover stoma with dry dressing (if tube fully out)
- Do not insert anything into tract (an Enplug can be used in a gastro-jejunal stoma if formed >6 weeks ago)
- Transfer to acute hospital for tube replacement
- Submit DATIX report

NO ↓

Replace the enteral tube with one of the same size

SUCCESSFUL →

UNSUCCESSFUL ↓

- Insert ENPlug of same size if possible. If unsuccessful work down to next smaller size until successful placement
- Secure with dressing
- Insert enteral tube of same size as ENPlug

SUCCESSFUL →

UNSUCCESSFUL ↓

- Check pH, if ≤5.5 then tube is safe for use
- If unable to get suitable pH: change patient position, provide mouth care, give orange juice if patient allowed this type of oral fluids. Continue to check every 30min
- Once pH ≤5.5 , flush tube with 60ml water and use tube as usual
- Complete enteral tube insertion record on EPR
- Submit DATIX report detailing circumstances surrounding tube displacement

- If unable to insert ENPlug, contact Enteral Team, Clinical Response Service and Medical Team, send to A&E within 2 hours for assessment and tube insertion
- If able to place ENPlug but unable to replace enteral tube, ensure ENPlug is secured within stoma tract and contact Enteral Team or Clinical Response Service
- Submit DATIX report detailing circumstances surrounding tube displacement