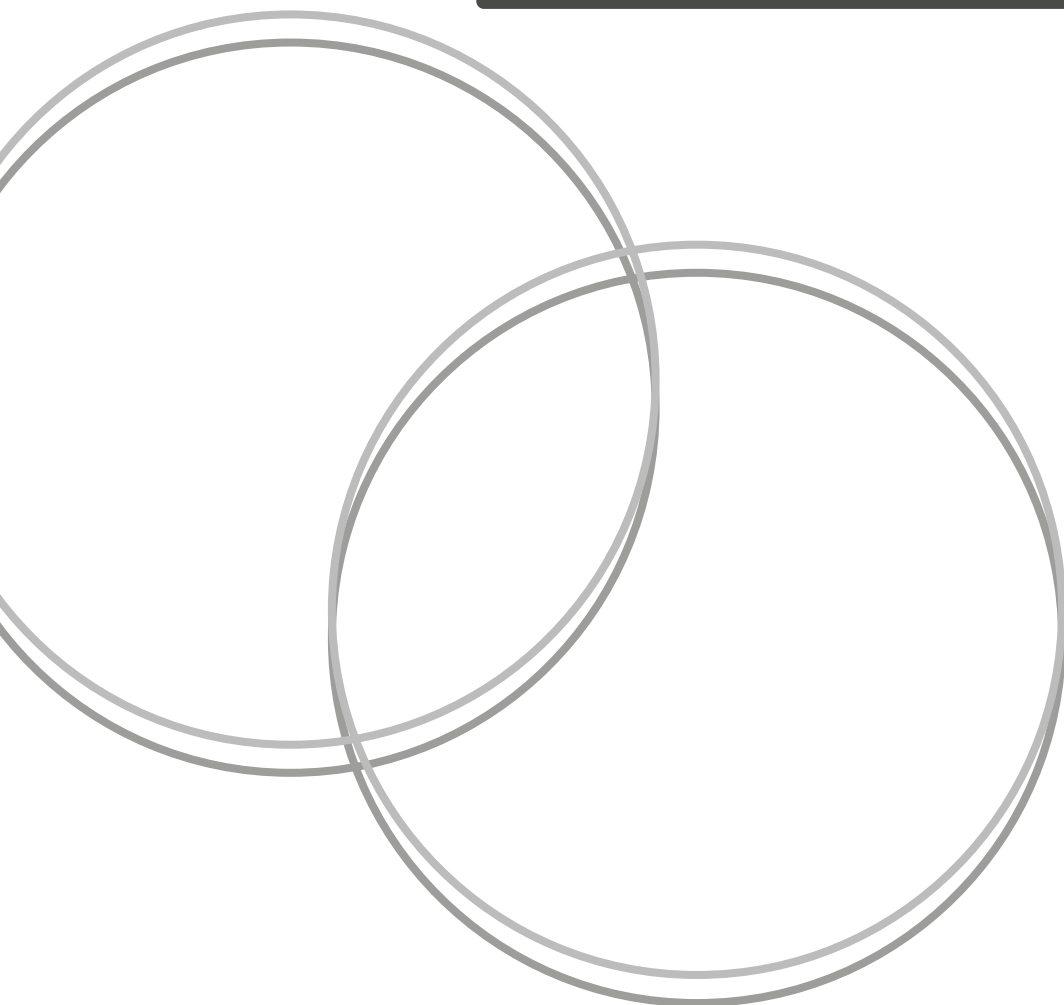


Caring for your Nasojejunal Tube at home

A guide for patients and carers



Introduction

This booklet provides information on how to care for your nasojunal (NJ) tube and includes your feeding plan.

Your Dietitian, Ward Nurse, Nutrition Nurse Specialist or Feed Company Nurse will be able to help you if you have further queries or concerns.

What is a Nasojejunal tube?

A nasojejunal (NJ) tube is placed through the nose down into the jejunum (small bowel). This allows delivery of nutritionally complete feed directly into the jejunum. There may also be a second tube inside it which travels down into the stomach. (If you do have a second tube this must not be used for feeding and you will be advised what this is to be used for).

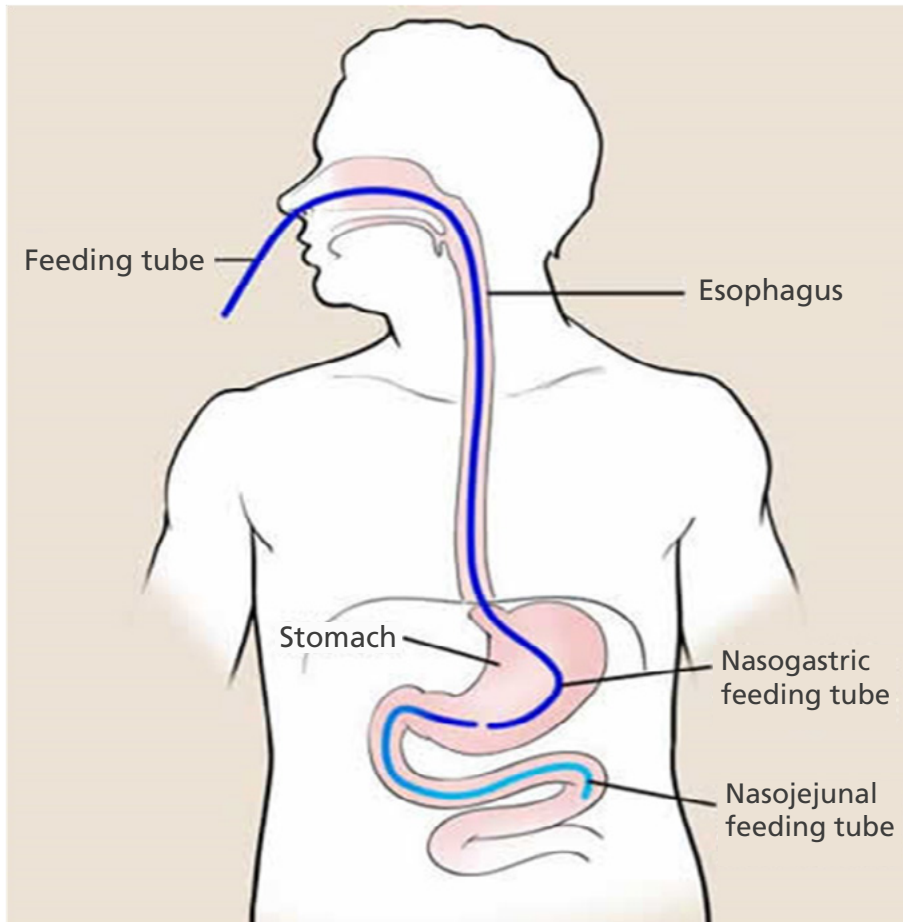


Image courtesy of PINNT

How do I check the position of my tube?

It is important to check that the tube position has not changed before putting anything down the tube.

Following insertion, check the measurement on the tube where it exits the nose and re-check this daily, and this measurement should not change.

It is a good idea to use a permanent marker on the tube where it enters the nostril, so you can see if the tube has moved.

NJ Tube Fixation

The fixation tape should be changed at least weekly but may require changing more regularly if it becomes dirty or loose.

When changing the fixation tape, clean the skin thoroughly and try to alter the position of the tape so that the skin avoids becoming sore or damaged from continued pressure.

Be careful when replacing the fixation tape on the tube as it may become accidentally dislodged.

If the skin or the nostril area becomes sore or red contact the Feed Company Nurse or the hospital department you have been advised to contact for advice.

Avoid the use of thick creams or powders underneath the tape, as they can affect the tape's stickiness and ability to keep your tube securely in place.

Daily cleaning and maintenance

To clean the end connector use a clean toothbrush and warm water to scrub the end of the NJ tube at least once daily to remove any sticky residue.

To clean the external tubing wipe down the external part of the tube with soap and water to remove any debris.

Ensure the cap is cleaned and securely replaced when the tube is not in use.

Flushing the NJ Tube

To flush the tube, attach a 60ml enteral syringe containing 60mls of cooled, boiled water and gently push this through the tube. It is important to flush the tube regularly to prevent it from blocking.

The NJ tube MUST be flushed:

- before and after each feed
- before and after each medication
- at least once a day if you are not using the tube for medication or feed

Remember **not** to put anything down the tube other than **feed, water or liquid medication**.

Syringes

Syringes are used to flush the tube with water and to give medications. At home the syringes can be reused and should be washed in warm soapy water using washing up liquid and left to air dry. Please refer to syringe manufacturer's washing instructions.

The syringes used for connecting to NJ tubes and all other feeding tubes now have an international standard for connection called ENFit. They have a screw type connection that will only connect to a feeding tube.



Giving sets

A giving set links the bottle of feed, via a pump to the feeding tube. Giving sets must be changed every 24 hours and the used set discarded.

Used syringes and giving sets are considered as “clean clinical waste” and can be disposed of with general household waste.

What is my feeding plan?

Your Dietitian has prescribed the volume of feed and water that meets your needs and a suitable method for you to administer this. This is called your feeding plan.

Try to keep to the recommendations and if you are experiencing any problems with the feed plan or are losing weight please discuss these with your Dietitian.

Feed

You should be given at least a 2-week supply of feed when you are discharged from hospital. Ongoing supplies will be arranged for you by your hospital or Dietitian.

Feed should be stored at room temperature, and it does not need to be refrigerated.

If you have an opened bottle of feed and wish to have a break and feed later in the day, store the feed at room temperature and keep it away from heat sources and direct sunlight. There is no need to refrigerate feed once it is opened. Leave the giving set attached to the feed and place the dust cap on.

Any unused open feed bottles should be discarded 24 hours after opening.

Empty feed bottles can be disposed of with household recycling.

Will I be able to eat and drink?

This will depend on your medical condition. Discuss this with your Dietitian, Speech and Language Therapist or Doctor.

Oral hygiene/mouth care

Dental plaque can still build up quickly in your mouth even if all your nutrition is given through the feeding tube. It is important to clean your teeth at least twice a day to protect you from gum infections and dental decay.

Non-foaming toothpastes are available and artificial saliva or mouth wash may help if your mouth is dry. Check with your nurse or doctor about these products if you need them instead of your normal products.

If your mouth feels sticky, steam inhalation using water without essential oils may help also.

What to do if the feeding tube is blocked?

First check that the tube is not kinked or that there is no external reason why the tube appears to be blocked.

If the NJ tube is blocked, the following may be helpful:

- Gently squeeze the external visible tube up and down its length
- Attach an empty 20mls syringe to the end of the tube and gently push and pull on the plunger of the syringe, creating a gentle pumping action
- If you have **any doubt** on the position of the tube **do not** attempt to flush anything down the tube
- **Do not** poke anything down the tube to unblock it
- If the tube remains blocked, contact the Feed Company Nurse or hospital department you have been advised to contact, as a replacement tube maybe required.

What should I do if my NJ feeding tube falls out or becomes dislodged?

Sometimes violent coughing or vomiting can increase the risk of dislodging the feeding tube.

If the NJ falls out or you have any concerns that your tube is not in the correct position, please contact the hospital department you were advised to contact.

You may need to attend your local accident and emergency department. Usually, you will be required to come back to hospital to have the tube replaced as this is not something undertaken in a community setting. How quickly a replacement tube will be organised and will depend on your individual circumstances.

Who should I contact for help?

If you have any feeding pump-related problems such as difficulty setting up the pump, please contact the Nutrition Company helpline or the Feed Company Nurse.

If you have any tube-related problems like a dislodged feeding tube or blocked tube, please call the hospital department you have been advised to contact.

Feeding plan

Patient Name:
Start date:
Name of Feed:
Volume:
Feeding Rate:
Feeding Times:
Water:
This feeding plan will provide: kcal g protein mL of fluid

Notes:

- Flush tube with 60mL water before and after feeding and between bottles
- Flush tube with water before and after EACH medication administered via the tube
- Change giving sets and feed containers EVERY 24 HOURS

Your NJ Tube

This should be completed prior to your discharge home

Date NJ tube inserted:
How placed? e.g. Bedside, Endoscopically, Radiologically?
Type of tube inserted
Brand of tube used
Site place (left or right nostril)
NEX Measurement (cm) (NEX: Nose, Ear, Xiphisternum is the measurement from the nose, to the earlobe and then to the lowest part of the sternum)
Measurement at nostril (cm)
Securement device
Problems or difficulties when tube placed?
Date tube is due to be changed
Arrangements for tube changes

NJ checks record

[illegible]

Useful contact numbers

Hospital ward/department to contact for NJ problems
Hospital Dietitians
Community Dietitians
Nutrition Nurse Specialists (8am-4pm) Tel: 01865 740378 Bleep: 4132 via the Oxford University Hospitals switchboard on 0300 304 7777
Feed Delivery Company and Pump Helpline
Nutricia Homeward 0800 093 3672
Abbott Nutrition 0800 0183 799
District Nurse
Feed Company Nurse
Nutricia Nurse Careline 0800 093 3671
Nutrition Nurse Direct 0333 207 9619
Abbott Nurse Advisor (Dietitian to complete)
PINNT Support Group – Patients on Intravenous and Nasogastric Nutrition Therapy www.pinnt.com

Notes

Please use this page to write down any useful notes that will help you manage your tube feed.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

This leaflet has been produced by Registered Dietitians in conjunction with Nutrition Support Nurse Specialists. Pictures and text used with kind permission of Oxford Health NHS foundation Trust and PINNT.

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