

Jejunostomy Tube Feeding: SLOW DRIP METHOD OR PUMP

I. GENERAL GUIDELINES

A. PURPOSE

Jejunostomy tube feeding is used to provide total or supplemental nutritional support, hydration and administer medication when it is necessary to bypass the usual route of feeding by mouth or stomach. Feeding is delivered as a continuous slow drip by pump or by gravity over a number of hours.

B. GENERAL INFORMATION

1. Jejunostomy tube feeding is used when:
 - a. there is a blockage of esophagus or stomach
 - b. there is a risk of aspiration and gastroesophageal reflux
 - c. there is intestinal pseudo-obstruction or short bowel syndrome
 - d. student has difficulty taking enough food by mouth or gastrostomy feeding to maintain adequate nutrition
 - e. student has gastroparesis or dysmotility
 - f. student has depressed gag reflex
 - g. student has had major stomach surgery or a problem with stomach emptying.
2. The lumen of the jejunostomy tube is usually very narrow and flushing the tube with a specified amount of solution (usually lukewarm water) is required:
 - a. before and after giving intermittent feeding
 - b. before and after giving medication
 - c. every 4 to 6 hours if feeding is continuous
 - d. whenever feeding is interrupted
 - e. at least every 8 hours if jejunostomy tube is not being used.

Jejunostomy tube feedings are commonly given with feeding pump. This allows for a safe and accurate delivery of feeding formula. The amount and flow rate are determined by Licensed Health Care Provider.
3. When flushing jejunostomy tube, use a 30cc-60 cc catheter tip syringe for flushing to avoid increase pressure within the tube. Flushing with excessive force can cause perforation of the jejunostomy tube and can cause injury to gastrointestinal tract. Flushing solution must be specified by licensed healthcare provider.
4. Administer medication through the appropriate access port, preferably in liquid form.

5. Medications in tablet or capsule form must be crushed and dissolve completely in solution specified by Licensed Health Care Provider before administration. Flush jejunostomy tube after each medication administration.
6. Multiple medications must be administered separately. Mixing medications with feeding formula can cause potential drug interactions and may alter nutrient and drug absorption.
7. Skin around the jejunostomy tube site must be kept clean and dry. Skin care is usually done at home unless specifically ordered by licensed healthcare provider including the type of cleaning solution. Jejunostomy site must be examined for leakage after feeding.
8. Never rotate jejunostomy tube. Rotating jejunostomy tube may result in tubing becoming kinked or dislodged from the intestines.
9. Student may require venting (decompression) to reduce abdominal pain and bloating caused by trapped air, excess bile and stomach acid.
10. When formula is emptied too quickly from the stomach to small intestine, "Dumping syndrome" may occur. This is a potentially life-threatening problem. Early symptoms are: nausea, abdominal cramps, diarrhea, weakness and cold sweats. Late symptoms include: hypoglycemia, weakness, sweating and dizziness.

C. GUIDELINES

1. **Feeding by mouth will be done only if ordered by the prescribing licensed healthcare provider.**
2. Do not attempt to unclog a Jejunostomy tube or Gastro-Jejunostomy tube with any product or apparatus. If clogging is suspected, notify school nurse and parent.
3. **Jejunostomy tube is not replaced in school.** In case of accidental dislodgement, call parent to take student to the licensed healthcare provider's clinic.

D. PERSONNEL

1. School nurse or school physician
2. Designated school personnel under direct or indirect supervision of the school nurse

E. EQUIPMENT

1. Provided by parent:
 - a. Prescribed liquid formula
 - b. 30cc-60cc catheter-tipped syringe
 - c. Water per authorization Tap Boiled Sterile
 - d. Feeding pump
 - e. Feeding bag and tubing
 - f. Clamp or cap for end of tube

- g. Power cord
- h. Hanging apparatus for slow-drip feeding
- i. Clean container for water used for flushing
- j. Dressing supplies if indicated
- k. Hypoallergenic Tape
- l. Closed receptacle when venting digestive contents
- m. Extension tubing
- 2. Provided by school
 - a. Non-latex disposable gloves
 - b. Liquid detergent for washing equipment
 - c. Mild soap to clean area around stoma if needed
 - d. Gauze squares
 - e. Paper towel to provide clean feeding area
 - f. Plastic bags for waste disposal

II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Wash hands.	
2. Assemble supplies and arrange on a clean flat surface.	Maintain cleanliness.
3. Check formula expiration date and shake well. Measure the prescribed amount into a container.	Formula should be given at room temperature. Refrigerate any unused portion in covered container labeled with student's name, date and time. Unused portion may be refrigerated as recommended by manufacturer.
4. Prepare the administration set: <ul style="list-style-type: none"> a. Clamp the administration feeding tube attached to the feeding bag. b. Pour formula/ fluids into the feeding bag. c. Squeeze the drip chamber until it is half full of formula. d. Unclamp administration feeding tube until the contents has reached the end of the tubing. e. Re-clamp the tubing. 	If feeding by gravity, suspend bag higher than the level of the student's stomach. If using a pump, place the tubing into the pump mechanism and use the prime feature to fill the tubing with formula/ fluid. This prevents air from getting into the stomach when initiating the feeding.

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
5. Position student sitting or with head elevated at least 30 degrees unless contraindicated.	Helps prevent vomiting and/ or aspiration. When the student is lying flat there is a greater danger of regurgitation.
6. Put on gloves.	
<p>7A. FOR SKIN LEVEL DEVICE:</p> <ul style="list-style-type: none"> a. Open the jejunostomy port cover (plug). b. Insert extension tubing with 60 cc syringe barrel attached, to check for stomach contents or to release gas. c. Securely attach the administration feeding tube to the jejunostomy port. <p>7B. FOR JEJUNOSTOMY TUBE</p> <ul style="list-style-type: none"> a. Attach a 60 cc syringe barrel (without plunger) to the end of the jejunostomy tube port. b. Unclamp the correct port and lower the syringe barrel until contents of the jejunum can be seen or gas is released. c. Clamp the feeding tube and remove the syringe from the administration feeding tube. d. Attach the administration feeding tubing to the jejunostomy port. 	<p>May need to use extension tubing. Make sure the connection is secure. If no stomach contents or gas is obtained, notify the school nurse.</p> <p>Insure that the correct port is used.</p>
8. Set the flow rate on the infusion pump and start the machine.	Flow rate should be specified by licensed health care provider. Check pump for proper infusion rate.
9. Monitor the student frequently until feeding is completed.	<p>Be alert to any changes in the student's tolerance of the feeding. Nausea/vomiting, cramping, pale skin color, sweating, irritability or diarrhea may indicate that the feeding is being given too quickly or formula is too cold.</p> <p>If restlessness, difficulty in breathing, change in skin color or abdominal distention occurs, stop the feeding immediately. Notify school nurse and parent.</p>

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
10. If venting is indicated during feeding, open the jejunostomy port and attach the syringe barrel.	Release air and/or drain the stomach contents observing universal precautions.
11. When feeding is completed, clamp the administration feeding tube and disconnect from the jejunostomy port.	Student to remain upright during and for at least 30 minutes after feeding. Ambulatory students may continue with sedentary school activities during feedings as tolerated.
12. Follow the feeding with 30 to 50 cc's of water to flush by gravity using a 60 cc syringe.	This clears the tubing and maintains patency.
13. Clamp and detach administration feeding tube and syringe barrel. Close the jejunostomy port.	
14. If medication is prescribed, administer as ordered by the licensed health care provider (licensed nursing provider only).	Use the appropriate port according to the licensed health care provider's order. Flush medication port with the prescribed amount of water before and after administering each medication.
15. Inspect area around jejunostomy device and keep clean and dry.	Check for signs of redness, swelling, greenish/ yellow drainage, foul odor, or leakage of jejunal contents. Drainage from the jejunum is very caustic. If noted, inform the school nurse. Cleansing helps prevent skin irritation and excoriation from gastric juices. Use Universal Precautions (gloving and hand washing techniques).
16. Rinse feeding bag, tubing and syringe with water. Dry and store in a clean area if feeding is to be discontinued.	Replace bag and tubing as needed.
17. Discard disposable equipment and waste material.	Universal Precautions require that all waste material be double bagged.
18. Remove gloves and wash hands.	

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
19. Document: <ol style="list-style-type: none"> Time feeding started and completed. Type, amount and rate of feeding Amount of water given Student response Medication(s), if given. 	If medication is administered, document electronically per district policy.

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Gastrojejunal Tubes - Skin Level Device



Gastro-Jejunal Feeding Tube



Feeding Pump



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