



Jejunal tube/J-tube

What is a jejunal tube/J-tube?

- A J-tube is a long feeding tube that is placed by a surgeon. It goes through your child's skin on their abdomen and enters into the stomach. It extends through the stomach to the small intestine (jejunum).
- This tube allows your child to get liquid food and medications directly into the small intestine where it is absorbed and used by the body.

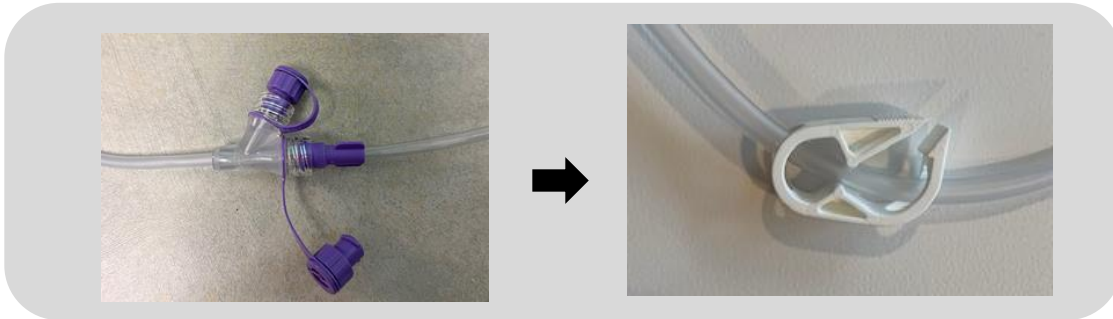
Why does my child have a J-tube?

- Your child needs formula through a feeding tube to get enough nutrition to grow and be healthy since he/she is not able to eat enough by mouth.
- Your child may not be able to tolerate feedings going directly into their stomach; therefore, the J-tube can be used to deliver feedings directly into the small intestine.
- Your child may also need medicine through the J-tube.
- A J-tube does not need to be permanent. If your child starts to eat and is eating enough by mouth, your child's doctor may decide the J-tube can come out.

How do I feed my child formula over a feeding pump?

1. Wash hands
2. Gather supplies
 - a. Formula –
 - i. Type _____
 - ii. Amount _____ mL
 - iii. To run over _____ hours
 - b. Measuring cup
 - c. Feeding bag
 - d. Feeding pump
 - e. Syringe
 - f. Water for flush - _____ mL
3. Open feeding bag and pour formula into bag (the ordered amount of formula plus an additional 20-30 mL of formula to prime the feeding bag's tubing).

4. Prime the formula through the tubing by gently pinching the valve in the feeding tubing. If formula is thick or does not flow, you can prime the tubing on the feeding pump.
 - a. Priming on the feeding pump – insert the feeding tube cartridge into the feeding pump. Press and hold the “Prime” button until the formula reaches the tip of the tube.
5. Connect the tip of the feeding bag tubing to the port of the J-tube.
6. Unclamp the tube (if there is a clamp).



**if there is not a clamp, pinch tubing with your hands to prevent formula and stomach contents from leaking out.



7. Set the pump rate and volume to deliver the correct amount of formula over the ordered time.
 - a. Most feedings going through the J-tube will be continuous or given over an extended period of time.
 - b. If your child’s feed is continuous, it is recommended that you set the pump to run for 4 hours at a time. Every 4 hours you will rinse the feeding bag and refill with formula, prime fresh formula through the tubing, and restart the tube feed as described above.
8. Press “start” on the pump.

When the feeding is over:

1. Check the pump volume to ensure the child received all of the ordered formula.
2. Turn the pump “off”.
3. Disconnect the feeding bag tube from the feeding tube.
4. Draw up water flush into a syringe.
5. Open the med port and insert the syringe tip.
6. Unclamp the feeding tube.
7. Slowly push the flush into the J- tube.
8. Clamp the J-tube.
9. Remove the flush syringe.
10. Replace the cap on the med port.



** If your child gets a large water flush you may need to:

- a. Use a large ENFit syringe and flush slowly into the feeding port of the J-tube.
- b. Put the water in the feeding bag and run the flush over the pump.



***Giving your child a large amount of formula or water with a syringe over a short period of time into the jejunum can cause abdominal discomfort.

Skin care for your child's J- tube:

- Clean the skin around the J- tube daily with soap and warm water.
- Check the site daily for:
 - Drainage
 - redness larger than a quarter
 - rashes
 - swelling
- Do not turn/twist your child's J-tube.
- Your child's doctor may tell you to put a dressing around your child's J-tube.

Your child's J-button tube: _____

What to do if the tube comes out:

- The J-tube must be replaced at the hospital.
- Before taking your child to the hospital, insert a foley catheter into the J-tube stoma. This will keep the stoma open for easier reinsertion of the J-tube.
 1. Gather supplies:
 - a. Foley catheter - _____French
 - b. Water soluble lubricant
 - c. Blue clamp
 - d. Tape
 2. Lubricate the foley catheter.
 3. Insert the foley catheter a couple of inches into the J-tube stoma.
 4. Do not inflate the balloon.
 5. Tape the foley catheter to your child's abdomen to keep it in place.
 6. Clamp the foley with a blue clamp to keep it from leaking stomach contents.
 7. Notify your child's doctor right away for additional instructions.
 8. Do not flush or feed your child through the foley catheter at this time.



When the call the doctor:

- If the tube comes out.
- Bleeding around the stoma.
- If the tube becomes clogged.
- Drainage, redness larger than a quarter, rashes, or swelling.