PURPOSE:
To provide full enteral nutrition via catheter directly into jejunum.

CONSIDERATIONS:
1. Special low osmolality formulas or other prepared formulas are administered at room temperature and discarded if not used within a 24-hour period. The formulas may be given continuously or via intermittent drip.
2. During continuous feedings, assess the patient frequently for abdominal distention.
3. Medications may be administered through the feeding tube. Liquid preparations are preferred. Enteric coated tablets CANNOT be used. Flush tubing to ensure full instillation of complete dose of medication.
4. Jejunostomy tubes are changed ONLY by physician.
5. Jejunostomy feeding is indicated when a minimum of patient effort is needed, e.g., low birth weight or respiratory distress.
6. This feeding route minimizes the chances of regurgitation, stomach distention or aspiration.
7. For feedings lasting more than 1 hour for older children, or for any child who is medically fragile, the use of an enteral feeding pump will be more accurate than gravity feedings.
8. If using a bulb or catheter tip syringe, remove the bulb or plunger and attach the syringe to feeding tube to prevent excess air from entering. Elevate syringe so that the tip of the syringe is no higher than patient's clavicle.
9. Connect enteral bag tubing, pump tubing or syringe to jejunostomy tube.
10. If using a bulb or catheter tip syringe, remove the bulb or plunger and attach the syringe to feeding tube to prevent excess air from entering. Elevate syringe so that the tip of the syringe is no higher than patient's clavicle.
11. Open the regulator clamp of enteral tube or pump and adjust flow rate. When using syringe, fill syringe with formula and release the feeding tube to allow formula to flow through. When syringe is three-quarters empty, add more solution.
12. Instill 5-10 mL of warm water before last of nutrient/medication runs in to rinse tubing. For infant, volume needs to be limited so instill only amount needed to flush tubing.
13. Pinch tubing and remove enteral bag, controller tubing and syringe and clamp or cap feeding tube.
14. Leave patient in semi-Fowler's position for at least 30 minutes. Burp infant and place on his/her abdomen or right side with the head of the crib slightly elevated.
15. Discard soiled supplies in appropriate containers.

EQUIPMENT:
- 50-60 mL asepto syringe or catheter tip syringe
- Graduated container
- Sterile or tap water
- Prepared formula, at room temperature
- Clamp
- Protective bed covering
- Enteral feeding pump (optional)
- Enteral feeding bag and tubing
- Gloves

PROCEDURE:
1. Adhere to Standard Precautions.
2. Identify the patient and explain procedure to caregiver and patient, in age appropriate.
3. Prepare measured amount of formula or medication in appropriate container.
4. Elevate the patient's bed to a high- or semi-Fowler's position to prevent aspiration and to facilitate digestion. Infants should be held as during a regular feeding when possible.
5. Place protective bed covering under tubing to protect bedding and clothes. Insert pacifier into infant's mouth to allow for non-nutritive sucking, if patient is able to suck.
6. Check placement by aspirating stomach contents with syringe. For infant, always obtain an order from the physician regarding amounts for residuals.
7. Remove clamp or plug from the feeding tube.
8. If using the infuser controller, follow manufacturer directions. Purge the tubing of air and attach it to the feeding tube. Fill with no more than 3 hours worth of feeding fluid.
9. Connect enteral bag tubing, pump tubing or syringe to jejunostomy tube.
10. If using a bulb or catheter tip syringe, remove the bulb or plunger and attach the syringe to feeding tube to prevent excess air from entering. Elevate syringe so that the tip of the syringe is no higher than patient's clavicle.
11. Open the regulator clamp of enteral tube or pump and adjust flow rate. When using syringe, fill syringe with formula and release the feeding tube to allow formula to flow through. When syringe is three-quarters empty, add more solution.
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AFTER CARE:
1. Instruct caregiver to hold, stroke and stimulate the patient as condition permits.
2. Cleanse all reusable equipment, rinse well. Allow equipment to air dry and wrap in clean towel to be used at next feeding.
3. Document in patient's record:
   a. Amount, color and consistency of aspirated contents.
   b. Feeding solution and amount.
   c. Medications administered.
   d. Patient's response to procedure.
   e. Instructions given to caregiver.
   f. Jejunostomy Tube site assessment.