

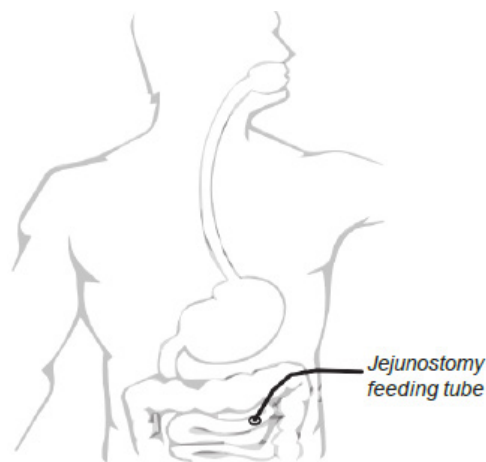
# Jejunostomy (J) Tube

A jejunostomy tube (J tube) is a feeding tube placed in the jejunum (part of the small intestine) and exits the skin through a small incision in the abdomen. This tube can provide either total or supplemental nutrition. To lower the risk of tube clogging, avoid putting medications through the tube if your doctor has said you can take them by mouth. A Proper Medication Delivery via a Feeding Tube brochure is available, if needed.

## Daily care of the J Tube:

- Wash hands before and after caring for the J tube.
- If you have a dressing at the insertion site, change daily (change more frequently as needed). Dressings are optional.
- Secure the tube with tape or a tube securement device to prevent tugging on the tube. Do not rotate the tube because it could move out of position.
- The bolster (plastic bumper resting on top of the skin) should be a snug fit, about the flat side of a dime's width from skin.
- You may resume showering when you return home. Cleanse site with warm water and mild unscented cleanser (e.g. Dove, Cetaphil, Eucerin, Aveeno) daily using a clean washcloth, rinse, and pat dry. Use cotton tip swabs if needed, paying attention to the area under the bolster. If you were given other instructions by your procedural team in regard to showering or site care, please follow those instructions.
- Wait 6 weeks after placement before submerging in water (baths, swimming, etc.). Avoid lakes and public pools where sanitation is questionable.
- Inspect the insertion site daily for skin sores or any signs and symptoms of infection (increasing redness, hardness, pain).
- A small amount of clear or creamy drainage of any color, even green, around the tube can be normal.
- If the site becomes reddened, place a thin coating of zinc oxide cream (i.e Desitin, Balmex, Calmoseptine) over the area.

## Where is the J tube placed?



## Flushing the J tube:

- If the J tube is not in use, flush it with 30 mL tap water twice daily.
- Flush tube with 30 mL tap water before and after tube feedings.
- Follow the guidelines you were given to meet daily water needs.



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#### If you are going home with tube feedings:

- An RN will spend time teaching you the care of the J tube and insertion site care. You must demonstrate skills prior to discharge.
- You might have mild cramping when you first start the tube feeding. Do not be alarmed.
- If you have >3 episodes of diarrhea per day, call your dietitian. You may need your tube feeding adjusted.

#### When to call the Nutrition Support Clinic:

- If the tube is partially out or falls out within 8 weeks of initial placement, please notify the NS clinic and go to the emergency room immediately to have it replaced. If it has been over 8 weeks, please call the NS clinic ASAP to attempt replacement. If outside normal business hours, still call this number to be directed to the provider on call.
- Pain, hardness, increasing redness at the tube site, skin sores, or increasing drainage/bleeding around the tube.
- Bumpy red tissue growing from around the tube site - known as granulation tissue. This is not an emergency and can be treated in the NS clinic.
- Bolster seems too tight or too loose. It should be about the flat side of a dime's width from skin.
- J tube is clogged. Refer to **Cleaning a Clogged Feeding Tube** brochure.

#### IMPORTANT INFORMATION:

Home care nursing agency:

Pharmacy vendor for formula/supplies:

Tube feeding formula:

Tube feeding amount per day:

Tube feeding schedule:

Free water amount per day:

Free water flush schedule:

#### DISCHARGE CHECKLIST:

- Tube feeding formula
- 60 ml ENFit syringes
- Feeding bag and tubing, if used
- Enteral feeding pump
- Dressing supplies
- Tube securement device

For additional support for home tube feedings and feeding tubes, please visit the Oley Foundation at [Oley.org](http://Oley.org)

Adult Nutrition Support Clinic

(585) 275-3995

