PROTOCOL FOR: **Feedings: Nasojejunal (Continuous)**

POLICY:

1. Hang time for nasjejunal feedings is not to exceed 4 hours.
   a. Infusion by syringe: Change syringe and feeding tubing every 4 hours.
   b. Infusion by feeding bag: Rinse bag and tubing with sterile water every 4 hours. Change feeding bag and tubing every 24 hours.
2. Weighted tubes may be indicated in some circumstances; these will not be placed by RN's.

DESIRED PATIENT OUTCOMES:

1. Feedings will be tolerated with no increase in respiratory distress.
2. Will have minimal stress placed on immature digestive tract.
3. Will gain appropriate weight per day when full volume is reached.
4. Distress and discomfort will be minimized through the use of supportive measures.

CLINICAL ASSESSMENTS AND CARE:

1. Tube placement
2. Gastric aspirates prn for changes in abdominal status.
   a. Amount
   b. Color
   c. Consistency
      1) *Report bloody, coffee ground or bilious aspirates or aspirates in excess of 50% of hourly feeding volume.*
3. Abdominal girth, a minimum of every 4 hours.
   a. *Report increased abdominal girth or vomiting.*
4. Guaiac stools as ordered.
   a. *Report guaiac positive stools.*
5. Verify tube position at least every 8 hours. (Check to be sure that tape has not slipped on tube).
6. Keep formula or breast milk at room temperature no longer than 4 hours.
7. Replace indwelling Silastic tubes only when they fall out. If the tube is not grossly contaminated (e.g. slips out of nose and remains in isolette), you may clean the tube with warm water and dish soap, rinse well with water, and replace.

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8. Report increased apnea and/or bradycardia. These may be due to tube malposition.

EQUIPMENT:
Silastic feeding tube (such as Nutracath)
3cc syringe
Syringe or enteral feeding bag
Prescribed formula or breast milk
Sterile water
Stethoscope
Appropriate infusion pump and tubing
Surgilube

PROCEDURE: **For Nasojejunal Tube Placement**

ACTION	POINTS OF EMPHASIS
1. Obtain Nasojejunal feeding order.	
2. Place infant on right side.	2. Position facilitates tube passing.
3. Measure length of infant. Mark feeding tube with a small piece of tape at 2/3 body length.	3. Mark date on tape for easy insertion date reference. This also gives as indicated whether tube has been pulled out.
4. Lubricate tube in sterile water or Surgilube.	
5. Insert through nares to mark. Tape in place. Keep infant on right side.	5. Tube must pass through pylorus to duodenum.
6. Check aspirates frequently (every 15-30 minutes) for bilious appearance.	
7. Notify MD/Advanced Practitioner when bilious aspirates are observed so that x-ray for tube placement can be ordered.	

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/89

REVISION DATES: 3/90, 6/91, 8/93, 11/93, 12/94, 6/97, 12/97, 5/99, 10/00, 12/02, 12/06

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