Caring for Your J-tube
What is a Jejunostomy?

It is a procedure that creates a small hole through the abdomen into the small intestine (jejunum). A thin tube placed through this hole, is called a J-tube. It allows fluids, medicines, and feedings to be given directly into the small intestine.

Cleaning the J-tube Site

The J-tube needs to be cleaned daily to prevent infection. For the first 3 days after the tube is placed, clean the skin around the tube with normal saline (see below) and then let air dry. After 3 days, you may shower and let the water run over the skin where the tube enters your body. If you can’t shower, keep cleaning with saline or water and Q-tips® using these steps.

1. Gather all supplies needed: 4x4 split gauze, tape, Q-tips®, and normal saline

2. Wash hands well with soap and water for 30 seconds.

3. Open the sterile 4x4 split gauze and sterile Q-tips®.

4. Remove the old dressing. Place the old dressing in a plastic bag and throw away.

5. Check the skin around the tube for signs of infection. These may include
   - The site is more tender and painful.
   - Increased redness or swelling.
   - Drainage that is green in color or foul smelling.
   - Sutures (stitches) at the J-tube site that have come loose.

6. Clean the site with the sterile Q-tips® and normal saline. Dry.

7. Place the sterile split 4x4 gauze dressing on the skin under the tube, tape in place

8. Secure the tube by taping it on your stomach. This helps prevent the tube from being pulled out.
J-tube Feedings

What to Feed

Formula Name: _____________________________________________________
Name of Manufacturer: _______________________________________________
Name of Equivalent Products _________________________________________
Total amount of formula per day ____________________________
Total amount of water per day: _________________________________

Additional

Vitamins/Minerals/Supplements: _________________________________

Once opened, cans should be covered, dated, and refrigerated. If formula is not used in 48 hours, throw it away.

When to Feed

Give _____________ cans/ml at ____________ ml ____________ times per day.

Flush the tube with _____________ ml of water promptly after each feeding is complete.

When to Delay Feeding:

If you feel full, have nausea, or cannot flush your tube easily, try again in one hour. If this does not help, call your doctor.

Supplies:

- Tube feeding formula
- 60 ml ENFit syringe
- Water for flushing before and after feedings
- Pump stand or IV pole
- Feeding pump with feeding bag
### Starting the Tube Feeds

1. Wash hands with soap and warm water for 30 seconds.  
   **Why:** Helps prevent infection.

2. Flush the tube with 30ml tap water.  
   **Why:** Flushing before feeding helps to make sure tube is open and working.

3. New feeding should be given at room temperature.  
   **Why:** Cold feedings can cause intestinal cramps.

4. Fill feeding bag with formula.

5. Remove air from tubing by unclamping the tube and letting the formula fill the tubing. When it reaches the end of the tubing, reclamp. Put the tubing into the pump.  
   **Why:** Prevents extra air from entering the intestine while feeding.

6. Connect the tubing to your J-tube and pump.

7. Start the pump and check the rate.

8. Do not lie flat during the feeding or for one hour after. Use a couple of pillows to keep your head up at least 30 degrees.  
   **Why:** Prevents feedings from being inhaled into your lungs.

9. **When feeding is done, flush the tube with 30ml of tap water, as soon as feeding is complete.**  
   **Why:** Prevents clogged tubes.

10. Clean your supplies by rinsing the syringe and bag with cool water. Then swish with warm water and a small amount of liquid dishwashing soap. Rinse well. Hang to dry. Replace the feeding bag every 3 days and the syringe once a week.
Giving Medicines

Only liquid medicines can be placed through your J-tube. Flush the tube with 30 ml of water before and after giving the medicine.

1. Use the plunger syringe and draw back at least 30 ml of water. This is the “flushing stage”. Keep in mind you must flush the J-tube before and after giving any medicines.
2. Turn the OFF position (if you are receiving tube feeds, if you are not connected to tube feeds it should be in the off position)
3. While holding the ACE Connector ® firmly push and twist the plunger syringe into the Auto-Seal Port until tight
4. Flush the J-tube with the 30 ml of water
5. Remove the syringe. The Auto-Seal Syringe Port will close and no fluid or medication will leak out
6. Next draw up the liquid medication you will be giving. If the medication is thick you may want to add at least 10ml of water to it to make it easier to give.
7. Again, attach the syringe with the medication in it to the Auto-Seal Port and give the medication
8. Remove the syringe and fill it with another 30 ml of warm water. This water will be used to flush the medication through the J-tube.
9. If there is more medicine to give than the plunger syringe can hold you may repeat steps 3-8 as needed.
10. If you are receiving tube feeds, make sure you put the handle back into the ON position and restart your tube feeds.
11. If you are not receiving tube feeds then leave the handle in the off position

Congratulations! You are done!
### Common Problems

1. **Blocked tube**
   - Gently flush the tube using 15 ml of warm water. You may need to flush and pull out the water many times until the tube will flush. Prevent blockage by always flushing tube with 30 ml water after feedings, before and after medicines. If you cannot unclog your tube, call your doctor.

2. **Excessive leakage around the tube**
   - Call your nurse or doctor.

3. **Redness around the tube**
   - Keep the skin around the tube clean and dry. (Some redness is normal, but moisture can irritate the skin and lead to an infection.)
   - Clean the skin around the site more often using plain water (Soap may cause further skin irritation).
   - Keep red areas open to air.
   - Ask a nurse about other ways to hold the tube in place.
   - Call the nurse or doctor if you see signs of infection (redness, swelling, rash, greenish drainage).

4. **Bleeding around the tube**
   - If you notice more than a few drops of blood, call your doctor or nurse.
   - Keep the tube taped or secured tightly to your skin to prevent pulls that might cause injury.
5. **Stitches come loose or tube falls out**

   - If the tube falls out partly, or all the way, do not try to push it back in. If you can, secure the tube with tape.
   - Call your doctor right away or go to the closest ER. You will need to have the tube changed or replaced.

6. **Tube is punctured or torn**

   - Clamp the tube (or seal with tape), close to your skin. Call your doctor right away or go to the closest ER.

7. **Noticing Blood**

   - If you cough up blood, or see 50 cent-size blood clots coming from the J- tube, or see blood in your stool, call your doctor.

8. **Vomiting**

   - Because vomiting causes the loss of body fluids, salts, and nutrients in the body, call your doctor or nurse if it doesn’t stop.
   - Do feedings in an upright position with the head of the bed raised 45 degrees.
   - Try smaller feedings more often. Make sure total amount for the day is the same. The type of the formula may need to be changed.
   - Infection may cause you to vomit. Be sure supplies are cleaned well and rinsed between feedings. Wash your hands after contact with persons who are ill. This helps prevent the spread of infection.
   - Other causes might include food intolerance, side effects of medicine, too much formula at one time.

9. **Diarrhea**

   - Diarrhea means frequent, loose, watery stools. Looser stools may be normal with certain types of formula. A few loose stools in a 24-hour period are not a problem.
   - There are many causes of diarrhea when on tube feeding. To avoid some of these problems:
     1. Do not hang feedings for longer than 8 hours.
     2. Give the tube feeding more slowly.
     3. If the diarrhea does not stop after 2 or 3 days, call your doctor.
10. Dehydration

Vomiting, diarrhea, fever, and sweating cause the body to lose fluid. You may no longer feel thirsty so you must be very careful to note the signs of dehydration. If you have any symptoms listed below, call your doctor to find out how much and what kind of extra fluid to give at these times.

- Decreased urine or darker colored urine
- Crying with no tears
- Dry skin that has no recoil when squeezed
- Fatigue or irritability
- Weight loss
- Feeling dizzy
- Dry mouth and lips
- Sunken eyes
- Headache

11. Constipation

- Constipation may be due to lack of fluids, lack of fiber in the diet or a side effect of medicine.
- This is common in the elderly or those who are less active.
- If you have chronic constipation, call your nurse or doctor, they may have you give extra water or change your formula. (Always check with your doctor before giving extra water.)

Common Questions and Answers

Are there things I should keep in mind when I travel?

Take pack all the supplies needed for feeding: pump, pole, syringe, formula, tubing, bottled water, tape, etc. Opened formula can be stored in a cooler in the summer to prevent spoilage. A small canvas bag that is always filled with supplies needed for travel may be helpful.

Can I sleep on my stomach?

Yes. After the tube site has healed, most people are quite comfortable on their stomachs. You should not sleep on your stomach during a feeding or within 1 hour after the feeding.
You will receive supplies for the feedings and care for the J tube through the hospital or home care. It depends on the situation and doctor’s orders. You will need to contact the Home Health agency for more supplies when you are at home.

**Phone Numbers**

Please call if you have concerns or questions.

Doctor: _______________ Phone Number: __________
Local Doctor: ___________ Phone Number: __________
Nurse: _______________ Phone Number: __________
Dietician: _______________ Phone Number: __________
Vendor: ___________ Phone Number: __________