JEJUNOSTOMY CARE

JEJUNOSTOMY TUBE CARE

After daily shower using a Q-Tip cleanse sutures with Hydrogen Peroxide. Then apply Neosporin Ointment sparingly to sutures after cleaning with peroxide.

Irrigate 2 times daily with 30cc of Coke. Usually before or after feeding and as below after medications. If you are unable to flush the J tube, try cleaning the Lopez valve. If this is unsuccessful, change the Lopez valve. If the Lopez valve is not the problem, instill about 5cc of vinegar with a syringe, wait about 20 minutes and then try to irrigate. Using a smaller 5 or 10 cc syringe which is usually given to you from the Hospital upon discharge will help you clear the tube of any obstruction.

There are 2 ports on your Jejunostomy tube always make sure the Lopez valve is inserted into the port marked FEED.

If you are administering medication through the J Tube they need to be in liquid form or crushed finely and then dissolved in coke. The tube then needs to be irrigated with an additional 30cc of Coke after medication has been instilled.

If J Tube would happen to fall out – gently try to reinsert it. Then go to an Emergency Room to check placement of the tube and to have it resutured. The J tube cannot remain out for more than 2 hours. If you are unable to reinsert it, the patient needs to go to an Emergency Room where it can be replaced and resutured.

EQUIPMENT CARE

Follow recommended Manufacturer’s guidelines

If Equipment Alarms

Follow recommended protocol

Feeding

1. Pour _________ cans of __________________________ solution into container. A total of _______ cans should be administered over ________ hours.
2. Assemble equipment and set pump as instructed
3. Irrigate Jejunostomy Tube with 30cc of Coke just prior to connecting tubing to the patient.
4. Initiate J tube feeding
5. When feeding completed then irritate with 30cc of Coke after disconnecting.
Remember you should primarily run the feedings during the nighttime hours. This allows you to be hungry during the day.

Office: 323-442-9066