Tees, Esk and Wear Valleys
NHS Foundation Trust

Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adult and Children

Ref CLIN-0104-v1

Status: Approved
Document type: Procedure
Overarching policy: N/A

Contents

1 Purpose

Following this procedure will help the Trust to:-

- Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults and young people, receive safe, appropriate care.
- Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via jejunostomy (JEJ).
- When such decisions are being made guidance issued by the General Medical Council (GMC) and the Department of health should be followed. The decision making process and rationale must be fully documented in the clinical record.
- To ensure patient safety only appropriately trained can carry out the procedure.

2 Related documents

This document defines the standards which you must read, understand and be trained in before carrying out the JEJ enteral feeding.

This procedure also refers to:-

- Consent to Examination or Treatment Policy (CLIN-0001)
- Mental Capacity Act 2005 Policy (Ref CLIN 0009)
- Hand Hygiene Procedure (IPC-0001-006)
- Medicines Overarching Framework (PHARM-0002)
- Royal Marsden Manual Online
- Malnutrition Guideline
- Enteral Feeding (PEG) Procedure (Adults) Ref CLIN-0077
- Service Specific JEJ Procedure

3 Procedure

3.1 Enteral feeding definition

Enteral feeding is a process where a nutritionally complete feed and hydration is delivered directly into the stomach, duodenum or jejunum via a nasogastric, gastrostomy or jejunostomy tube. It aims to provide nutrients to a person who may have swallowing difficulties to maintain a healthy weight, provide nutrients to a person with a severe or chronic illness.

A jejunostomy [JEJ] is a tube placed through the skin of the abdomen into the midsection of the small intestine bypassing the stomach. The tube delivers food, fluids and medicines.

3.2 Indications for JEJ feeding tube

JEJ feeding tubes are used in people of all ages who are unable to swallow or have a nutritional intake that is inadequate and need long term artificial feeding. Access to adequate nutrition and hydration is a basic human right and efforts should always be made to ensure that a person in our care secures them. A person centred approach is required to ensure that the needs, wishes and preferences of the person are addressed in any care plan.

A JEJ is performed for people who are eligible for a Percutaneous Endoscopic Gastrostomy (PEG) but who cannot tolerate gastric feeding. Placement of a JEJ would be done with the person's informed consent as part of a co-produced care plan. If the person were to lack the capacity to make such a decision then the care could still be offered under the Mental Capacity Act via a Best Interests Decision.

There is also a reduced risk of aspiration in patients with a JEJ due to the stomach being bypassed resulting in lesser chance of reflux and also quicker absorption from the small intestine.

Decisions on whether the use of JEJ feeding tubes and similar devices are the most appropriate intervention need to be taken with care, and have been subject to guidance from the Royal College of Physicians.

Clinicians should adopt a Triangle of Care approach when a JEJ tube is indicated. That is, a therapeutic alliance between the person themselves, their carers' and the clinicians involved.

At the point of the decision and at each episode of care, clinicians should ensure supportive and transparent communication with the patient so that the patient is fully informed and comfortable with the care they are about to receive.

The multi-disciplinary team should discuss with medical staff the indication for enteral feeding via a JEJ tube, in consultation with the MDT at the local acute trust.

The decision making process and rationale must be fully documented in the clinical record.

3.3 Early detection of complications after Jejunostomy

Staff need to be aware of the following if Patient is within 72 hours (three days) of JEJ insertion.

All staff must be aware of the following warning signs that need urgent attention:

- Pain on feeding
- Prolonged or severe pain post Procedure
- Fresh bleeding
- External leakage of gastric contents

STOP feed, fluids or medication immediately and urgently refer to the hospital that performed the JEJ insertion.

Following scheduled and emergency replacement the above warning signs apply, however consideration must be given to individual patients' normal presentation and this should be documented within the PARIS record with strategies to follow and when to escalate and seek medical advice.

For further guidance please read The Royal Marsden: Post Procedural Considerations

3.4 Care of JEJ site

- For newly sited JEJs, specific directions will be given from the team who insert the JEJ regarding cleaning and observations; this should be documented on PARIS.
- **DO NOT** turn or rotate the JEJ tube.
- Mature JEJ exit sites should be cleaned daily during normal hygiene with soap and warm water. Use gauze to clean around the external bumper and ensure the area is dried thoroughly. The site should be left uncovered and observed for tenderness, irritation, redness or pressure and for the presence of any discharge or leakage.

  For more guidance please read

  The Royal Marsden: Jejunostomy Feeding Tube Care

Managing Complications

In the event of suspected infection, tube damage, tube blockage, over granulation, leakage, buried bumper, dislodged stoma, nausea, vomiting or bloating, refer to patient booklets provided by Nutricia: 'Tube feeding at home booklet' and 'Guide to Management of Stoma Complications'.

3.5 If the JEJ tube falls out or is accidentally pulled out

NEVER ATTEMPT TO PLACE A NEW JEJ TUBE

Follow the steps below:

1. Place a clean gauze dressing over the stoma [hole] to prevent stomach contents leaking onto the skin or clothes.
2. An operation will be needed to replace or at the least x-ray guidance.
3. Contact local acute hospital for endoscopy, you will be directed to appropriate service.
4. Emphasise that the tube needs to be replaced as soon as possible so the stoma does not heal over.

3.6 Management of JEJ feeding

- Referral to a Dietitian should always be made for assessment and recommendation of the feeding regime.
- Each person with a JEJ tube has their personal feeding regimen calculated by a Dietitian.
- To ensure nutrition is adequate, the person should be regularly reviewed and their weight observed, as per dietitian instructions.
- Any issues in the meantime must be passed on to the dietician.

3.7 Method of Feeding

JEJ feeds must be administered through the use of an electronic feeding pump. Without the stomach acting as a reservoir, **feed given** as a **bolus** directly into the jejunum **can** cause abdominal pain, diarrhoea and dumping syndrome; that is rapid gastric emptying where food moves through the small bowel too quickly.

Medication and flushes will be given Bolus.

- Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Feed Procedure.
- Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Unblocking Procedure.

- Patients should be positioned at minimum of 30° or more during feeding and for 1 hour afterwards to avoid the risk of reflux/aspiration. Unless there is a patient with a specific intervention and risk assessment.
- Use a new syringe for every intervention
- Use sterile water to regularly flush the tube after feeds and when administering medication

All nutritional supplements must be documented on the Nutritional Supplement Chart.

3.8 Infection prevention and control

There are potential hazards associated with enteral feeding which can make it a source for the growth of micro-organisms. Liquid nutrients provide an ideal medium for bacteria and can cause cross contamination to the feeding system during the handling of the equipment.

The position of the JEJ means the stomach acid is bypassed. This acid would normally provide natural protection from contamination of germs entering into the small intestine.

Therefore, it is extremely important to ensure that hands are washed and dried thoroughly before putting on PPE.

- ✓ Decontaminate hands thoroughly using soap and water or alcohol hand gel before and after handling equipment and the preparation process.
- ✓ Prepare equipment and opening of feed in a clean environment.
- ✓ A no-touch technique should be adopted when preparing the feed during priming and connecting to the administration set/feeding tube.
- ✓ Commercially produced, pre-filled ready to hang feeds must be used wherever possible as these are least likely to become contaminated in preparation and use.
- ✓ Cleaning of equipment (see 3.10 Care of the Equipment).

For further infection control guidance please refer to the following policies:

- Hand Hygiene Policy
- Infection Prevention and Control Policy
- Standard (Universal) Infection Prevention and Control Precautions

3.9 Storage and care of feed

- All unopened feed packs can be stored in a cool dry place 5 – 25 ºc; away from direct sunlight
- Unopened feed packs do not need storage in the refrigerator.
- Once opened, feed should be timed and dated before being stored in a refrigerator for up to 24 hours. After 24 hours it MUST be discarded
- Allow feed to come to room temperature before administration

3.10 Care of equipment

Equipment used for enteral feeding can be ordered from Cardea using Medical Device Template 4: Enteral Equipment.

Do not

- × **Do Not** leave dirty equipment in a container as feed blocks equipment and allows bacteria to grow
- × **Do Not** use boiling water, Milton or other sterilising solution as it damages the equipment
- × **Do Not** wash equipment in a dishwasher as it also damages equipment.

Do

- ✓ Rinse equipment with cold water
- ✓ Wash with warm soapy water
- ✓ Rinse with warm water until all traces of soap are gone
- ✓ Allow the equipment to dry on paper towels
- ✓ Place equipment in a clean individually named container and cover with a lid when dry

3.11 Administering Medication via the Enteral Route

All medications need to be reviewed as bypassing the stomach can affect the absorption of some drugs and dosage may need to be altered. The correct preparation of medications, as far as possible is essential, i.e. liquid/soluble/dispersible.

To comply with the NPSA Alert 19, dedicated clearly labelled enteral/oral syringes MUST be used to flush enteral feeding tubes, administer enteral feed or administer enteral/oral medication.

A pharmacist must always be consulted if there is any doubt about administering a medicine via the enteral route.

All medication and supplements must be administered via Bolus

Only registered nurses can administer medication via a JEJ and to the PEG

Refer to the Royal Marsden Manual Online for the Enteral Feeding Tubes: Administration of Medication Procedure.

4 Definitions

Term	Definition
Aspiration	Food or fluid entering the lungs.
Bolus feed	Measured amount of feed and water given via JEJ tube over 15-20 minutes.
Connector	Pointed end on the giving or pump set that attaches to the end of the JEJ tube.
Continuous feeding	Via the JEJ over night or throughout the day using a pump.
Dumping Syndrome	Rapid gastric emptying where food moves through the small bowel too quickly, resulting in a number of symptoms such as nausea, diarrhoea and abdominal cramps.
Feed	Commercial ready to hang feed.
Gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)	The tube that goes into the stomach to facilitate feeding.
Giving set or pump set	Tubing that connects the PEG/PEJ tube to the feed.
Granulation tissue/over granulation	Pinkish red, slightly raised ring of newly growing healthy skin around stoma.
Intermittent feeding	Feeds are given a number of times during the day using a pump.
Jejunostomy or Percutaneous Endoscopic Jejunostomy (PEJ)	The insertion of a polyurethane tube through the abdominal wall into the Jejunum
Low profile tube or button tube	A gastrostomy tube that sits flush to the skin on the abdomen.
Naso gastric tube	A narrow bore tube passed into the stomach via the nose.
Nutrients	Protein, fats, carbohydrates, fibre, vitamins minerals and water that are obtained from food.
Parenteral Feeding	The delivery of nutrition intravenously
Port	The end of the gastrostomy tube where the feeding, pump set or syringe is fitted.
Reflux	The movement of stomach contents up the oesophagus (food pipe).
Stoma	The opening in the abdomen to the stomach which the JEJ tube goes through.
Venting	Allowing stomach gases to escape through the JEJ tube.

5 References

Birmingham Community Healthcare NHS Trust (2016) Enteral Tube Feeding in Adults; care of your Jejunostomy tube. Birmingham Community Healthcare NHS Trust. Birmingham.

British Association For Parenteral And Enteral Nutrition (2003) *British Association For Parenteral and Enteral Nutrition Administering Drugs via Enteral Feeding Tubes: A Practical Guide*. London: BAPEN.

Hull and East Yorkshire Hospitals (2018) Jejunostomy (JEJ) Feeding Tube Passport [online] available from https://www.hey.nhs.uk/patient-leaflet/jejunostomy-jej-feeding-tube-passport/ (Accessed 8/10/18)

National Institute for Health and Care Excellence (2006) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. London: NICE.

Sturrock, J., and Ledger, J (2014) After your Surgically Inserted Jejunostomy (JEJ) tube; Discharge information for adult patients. The Newcastle upon Tyne Hospitals NHS Foundation Trust

NPSA /2007/19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. March 2007.

Elevate head of bed to at least 30 degrees or use an upright sitting **position** when administering **tube feeding**, water boluses or medications through **tube**.

https://www.myshepherdconnection.org/sci/Nutrition/tubefeeding

The following techniques, if effectively employed, will guarantee a minimum risk of aspiration: Head of bed elevation should be kept between 30-45°,

https://www.researchgate.net/publication/51440718_Care_of_the_Patient_With_Enteral_Tube_Feeding

Head-of-Bed Elevation

http://ccn.aacnjournals.org/content/32/3/71.full

Body positioning: Research recommends elevating the head of the bed to 30 - 45 to reduce risk of aspiration.

https://sitemanager.acsysinteractive.com/vSiteManager/ORMC/Public/Upload/Docs/Nursing/Nursing%20Web/Research/Evidence-Based%20Practice%20Change%20Enteral%20Feeding%20-%20Care%20&%20Maintenance.pdf

Metheny, N., Mills, A., Stewart, B. (2012). Monitoring for intolerance to gastric tube feedings: A national survey. *American Journal of Critical Care, 21*(2), 33-40.

6 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.

6.1 Training needs analysis

All staff who are responsible for management of JEJ tubes including care of and administration of feeds will receive relevant training which includes a theoretical session provided by the Trust and complete 5 witnessed competency assessment by trained staff before completing the task independently. Further details can be accessed via the Trusts' Education and Training Department.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurse	Face to Face	1 Day	2 Yearly Competence Check
Health Care Assistant or Health Care Support Worker or Band 3 and above.	Face to Face	1 Day	2 Yearly Competence Check
To remain competent the Clinician must be involved in JEJ care and administration regularly. Staff who does not use this skill within a 12 month period must re-train in order to implement this procedure again.			

7 How the implementation of this procedure will be monitored

The Director of Nursing and Governance and Medical Director, together with representatives from other professional groups, operational service areas and the educational staff will monitor the implementation of the Procedure by:

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Clinical audit of documentation in the clinical record	In line with Trustwide Clinical Audit Programme	Reports to the Quality and Performance Cell
2	Team Level Training Needs Analysis and Staff Appraisal	Annually as per Trust Policy by Clinical Team Manager	Locality QuAGs

3	Lessons learned from incident and investigations reviews	As per Trust Incident Reporting Policy, reporting to Locality QuAGs.	Reports to the Patient Safety Group, Quality Assurance Committee and other Trust meetings

8 Document control

Date of approval:	30 October 2020	
Next review date:	30 October 2023	
This document replaces:	Royal Marsden guidelines	
Lead:	Name	Title
	Jacky Richardson	Service Development Manager
Members of working party:	Name	Title
	Helen Jones Bernie Howard Laura Kerridge Joanne Kirk Angela Norris	Charge Nurse Workforce Development Lead IPC Physical Healthcare Nurse Staff Nurse Dietetic Clinical Lead
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Compliance
This document was approved by:	Name of committee/group	Date
	IPC / Physical Health Cell Clinical Skills Cell	30/10/20 26/10/20
An equality analysis was completed on this document on:	22/10/2020	

Change record

Version	Date	Amendment details	Status
1	30 October 2020	Reintroduced as procedure to replace reference to Royal Marsden guidelines	Approved

Appendix 1 - Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/IPC & Physical Health					
Name of responsible person and job title	Helen Jones, Charge Nurse ALD Tees Day Services					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Physical Health and Wellbeing Group					
Policy (document/service) name	Enteral Feeding (JEJ) Procedure					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			✓	Code of practice	
	Other – Please state					
Geographical area covered	Trustwide					
Aims and objectives	• Define the standards in practice for the management of enteral feeding tubes to ensure all patients, including adults and young people, receive safe, appropriate care. • Support a range of healthcare professionals through the process required to ensure patient safety is maintained in relation to the management of Enteral Feeding Tubes placed via Percutaneous Endoscopic Jujonostomy (PEJ). • When such decisions are being made guidance issued by the General Medical Council (GMC) and the Department of health should be followed. The decision making process and rationale must be fully documented in the clinical record.					
Start date of Equality Analysis Screening	10 March 2020					
End date of Equality Analysis Screening	22 October2020					

You must contact the EDHR team if you identify a negative impact. Please ring 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Trust and patients.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

This procedure ensures that the nutritional needs of people can be met in a timely, flexible and person centred manner.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Other (Please state below) Reference has been made throughout the process to the Royal Marsden, NICE Guidelines and has involved liaison with Nutritia Specialist Nurse, Jo McGachan.

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
This procedure has been circulated widely via the Physical Health and Wellbeing Group and Trustwide for general consultation.
No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/No	Please describe the identified training needs/service needs below All staff who are responsible for management of JEJ tubes including care of and administration of feeds will receive relevant training identified through PDP, provided by the Trust.				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: Type name: Helen Jones				Date: 22/10/2020	
Your reporting (line) manager: Type name: Jacky Richardson				Date: 22/10/2020	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Rationale**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Are people involved in the development identified?		
	Has relevant expertise has been sought/used?		
	Is there evidence of consultation with stakeholders and users?		
	Have any related documents or documents that are impacted by this change been identified and updated?		
4.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are supporting documents referenced?		
6.	**Training**		
	Have training needs been considered?		
	Are training needs included in the document?		
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Does the document identify how it will be implemented and monitored?		
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?		
	Have Equality and Diversity reviewed and approved the equality analysis?		
9.	**Approval**		
	Does the document identify which committee/group will approve it?		
Signature:			

Appendix 3

Device: JEJ Care & Feeding Procedure

Competency Statement		**Evaluation Strategy**
To apply and demonstrate theoretical knowledge and practical skills required to provide competent care of a patient requiring enteral feeding.		Verbalise understanding Satisfactory completion of criteria
Assessment Method	1 = Observed	2 = Questions / Discussion

		Assessment method	**Achieved Y / N/ N/A**
1	Explain the rationale for the JEJ tube and the indications for use		
2	Demonstrate basic care of the JEJ tube and insertion site		
3	Discuss the measures required to control the spread of infection		
4	Correctly interpret the prescribed enteral feeding regime		
5	Identify any specific patient preparation prior to performing the procedure.		
6	Demonstrate the correct preparation and assembly of equipment.		
7	Demonstrate the correct administration of enteral feeds by: ➢ Bolus ➢ Intermittent Infusion ➢ Continuous Infusion		
8	Explain any potential complications, actions to be taken and preventative measures. [for e.g. if a tube is displaced]		
9	Demonstrate the safe and appropriate administration of medications. **[if applicable]**		
10	Correctly decontaminate or dispose of any enteral equipment used.		
11	Complete the required documentation.		

GUIDELINES

The response ‘not achieved’ for any of the competencies requires an explanation in the comments space provided below.

The staff member must have received an ‘achieved’ rating in all applicable steps of the procedure to be deemed competent.

The staff member must not perform this skill unsupervised until they have been deemed competent in all steps of the procedure.

COMMENTS

	ASSESSOR [Print and sign]	STAFF MEMBER [Print and sign]	DATE
1			
2			
3			
4			

5			