

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
Nursing care plan 27a
Transgastric-Jejunal Tube



(All care plans must be used in conjunction with care plan 1)

Care plan 27a Problem		Transgastric Jejunal tube Goals	Issue date: Dec 2015 Review date: Dec 2018
<p>..... requires a: † Transgastric Jejunal Tube Date inserted: ___/___/20___</p>		<ol style="list-style-type: none"> 1. Preoperatively, the infant/child will be safely prepared for insertion of the Transgastric-Jejunal tube 2. Postoperatively, the infant/child will have a safe and comfortable recovery 3. Effective and early identification and management of complications 	
Commenced date, time, signature & grade	No	<p>Nursing intervention Use with Care plan 6 for routine pre and post operative care Use in conjunction with OLCHC NPC Guidelines NB. Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps. Special care when moving and handling infants (For example transferring to a buggy, placement in parents arms or weighing)</p>	Discontinued, date, time, signature & grade
	1.	Pre-operative care prior to insertion of Transgastric-Jejunal Tube	
		<ul style="list-style-type: none"> • Explain procedure to patient/parent/guardian • Provide written and verbal information • Provide specific skin preparation as per instructions • Ensure care as per correct site surgery policy) • Contact Nutrition Support Nurse (Bleep 8742/8743) to ensure they are aware of intended Surgery • Additional information: 	
	2.	Post Operative Care	
		<ul style="list-style-type: none"> • Follow post operative instruction as requested by Surgical Team/Radiology team. • Remove dressing 24hrs post tube insertion • Observe and document wound condition on the assessment sheet (see Section 3 for care of infected site) • After 24 hours, clean the site: <ul style="list-style-type: none"> - Use Aseptic Non Touch Technique Level 2 - Clean with sterile water - Allow to air dry - Cover clean site with soft dressing low adhesive ie Mepilex Border Lite®. - Change same dressing daily for 5-7 days. • Do Not Rotate tube (as jejunal extension could damage the bowel if turned or could slip out of the jejunu) <ul style="list-style-type: none"> - Tube is held in place with a water balloon - Do not remove the water within the ballon - Ensure child is reviewed promptly if there are any concerns in relation to the tube. • The transgastric-jejunal tube is available in two forms: (please tick (☉) the type inserted) • ... Double outlet port with a disc in place to the skin and a Y-Connector with the ports <ul style="list-style-type: none"> ▪ marked Gastric and Jejunal respectively. • ... A Mic-key button with a gastric outlet on top and jejunal outlet to the side • Supplies out of hours - If supplies needed outside of office hours, these are available in Materials • Management Store Room. Contact Security (Bleep 8700) for access to same. • A similar plan of care applies to both tubes. 	

Updated December 2015

Patient Name.....

HCRN.....

Ward.....

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3.	Using the Transgastric-Jejunal Tube	
	<ul style="list-style-type: none"> • DO NOT ROTATE TUBE (<i>Tube is held in place water balloon, but may have a suture</i>) • Commence feeds as per instructions of surgeons and dietician. Date commenced: ___/___/___ • pH MUST be checked before first feed. Document same in nursing notes. <ul style="list-style-type: none"> - pH reading from Gastric port must be < or = 5, - pH reading from Jejunal port should be > or = 6 but need not be checked unless required • Continuous feed <u>only</u> must be used through the Jejunal port • Use ANTT Level 2 when setting up feed or attending to the tube as per OLCHC Dietetics Department (2010) • Use a 10ml syringe <u>only</u> when flushing pre and post feeds (<i>maximum volume of flush 10mls / minimum volume 5mls</i>) • If Jejunal port is not in use daily, it MUST to be flushed B.D. with 10mls sterile water in a 10ml syringe to avoid blockage. • If jejunal port is used for feeds, gastric outlet MUST to be flushed O.D. with 10mlsterile water in a 10mls syringe • Avoid medications with granular properties such as Omeprazole, Lansoprazole , and Clarithromycin as the have the potential to block the tube. If such a medication is required, discuss the need for liquid Ranitidine with Medical/Surgical Team. • Additional information: 	
4.	Care of Infected Site	
	<ul style="list-style-type: none"> • Observe site for signs of redness/swelling/oozing • Perform daily dressings or as directed by surgeons and CNS • Apply topical creams as prescribed • Administer pain relief as required and monitor effectiveness of same • Document condition of site on assessment sheet • Obtain microbiological Swab for Culture and Sensitivity • Administer antibiotics as prescribed • • Additional information: • 	
5.	Discharge Planning	
	<ul style="list-style-type: none"> • Provide parents with written and verbal information • Provide education to parents and ensure Parent Teaching Checklist / Competency <ul style="list-style-type: none"> ○ Assessment is completed prior to discharge • Additional information: 	