

Nasojejunal tube insertion

The following technique may be used - it is similar to that described in a trial reported in 2000 showed it to have a high success rate (Spalding et al, Crit Care Med 2000; 28(6): 2041-4).

1. If ng tube in situ, clamp before inserting nj tube
2. Estimate length of tubing required to reach stomach, then 4th part of duodenum
3. Connect a 3-way tap to the feeding tube
4. Advance enteral feeding tube to stomach - confirm gastric placement by pH indicator and auscultation
5. Position patient right side down
5. Insufflate the stomach with 10ml/kg air - max 500ml
6. Advance tube to half way between gastric position and the length estimated for 4th part of duodenum.
7. Insufflate 10ml/kg air again max 500ml.
8. Advance tube to full length. If resistance is felt, withdraw tube to the position of the second injection of air, and try advancing again.
9. Once at required length, return patient to supine and obtain X-ray to confirm transpyloric placement.