

**VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE**

POSTPYLORIC / NASO-JEJUNAL FEEDING TUBE PLACEMENT

Purpose: Guide indication and care of post-pyloric feeding tubes

Indications: Intolerance of gastric feeds with expected tolerance of small bowel feeds due to gastroparesis (i.e. diabetes, CNS pathology, critical illness)

PREPARATION:

1. Consider use of Cortrak device to obtain distal access. If not successful, consider fluoroscopic and endoscopic methods. For endoscopic placement, see below.
2. Obtain consent for “Endoscopic placement of post-pyloric feeding tube”.
3. Medication pack:
 - a. Fentanyl 500 mcg
 - b. Vecuronium 20 mg
 - c. Midazolam 10 mg
 - d. Propofol 50 cc vial

Note: The ventilator must be adjusted appropriately when paralytics are administered, usually a rate of 12 and an FiO₂ of 100%. The patient should be sedated with Midazolam / Propofol & Fentanyl, followed by Vecuronium.

4. Equipment:
 - a. Trauma procedure cart
 - b. Sterile towels
 - c. Snare Wire
 - d. Syringes
 - e. Bite Block
 - f. Gowns, gloves
 - g. Scope
 - h. Water Bottle for endoscope Nasoenteric tube
5. Procedure:
 - a. Endoscopic placement of post-pyloric feeding tube
 - b. Nasal bridle created in usual fashion. Consider AMT bridle system.
 - c. Obtain KUB to confirm placement
 - d. May Start feeds when KUB confirms placement
6. Care of tube:
 - a. Flush tube with 50 cc water q 6 hrs. **and** before & after each med.
 - b. Monitor nares for bleeding
 - c. If bleeding should occur, Afrin spray should be ordered

*Revised Feb 2019
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