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**Acacium Group**

**Management of a Gastrojejunostomy  
(transgastric-jejunal) tube**

**Procedure Reference | SOP MEDS 24**

**Version | V2.1**

<b>Procedure Name</b>	Management of a Gastrojejunostomy (transgastric-jejunal) tube
<b>Purpose of Document</b>	To ensure that Acacium Group workers have the knowledge to transcribe medication for administration effectively and safely in the community setting.
<b>Target Audience</b>	All Healthcare Professionals
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<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

## Document History

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## 1. Introduction

A gastrojejunostomy (transgastric jejunal) (GJ) feeding device is a combination of a gastrostomy device (placed into the stomach) and a jejunostomy device (placed into the jejunum)



The feeding device allows feed to be administered directly into the jejunum and also allows access to the stomach through the gastrostomy to aspirate excess air or give medications.

The GJ device has two ports – one ends in the jejunum and the other in the stomach. These are generally clearly labelled, however when the tube is old it may be less easy to see – please always ensure that you double check the lumen prior to administering down it.

When a client has a jejunostomy or gastrostomy and is not able to take medicines via the oral route they will be administered via the gastrostomy or jejunostomy tube that is in situ.

As with the administration of all medicines, safety and the correct procedure are paramount.

This SOP clarifies the process for the administration of medicines and feeds via these tubes.

## 2. Aim

To administer medicines and feed safely and effectively via the GJ tube.

The six rights: Prior to administering any medications it is important to consider the six rights:

- Right drug
- Right time
- Right dose
- Right route
- Right client
- Right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

### 3. Who needs to be aware of this procedure

All Acacium Group Healthcare professionals may administer medicines via Gastrostomy and jejunostomy as long as they have received appropriate training and have been assessed as competent to deliver the required standards of care.

### 4. Hazards / complications

The following hazards relate to complications that Acacium Group staff need to be aware of, in relation to the administration of medicines.

Complication	Cause	Solution
Using the wrong port	Human Error	Immediately stop, aspirate if possible and follow the appropriate reporting mechanism
Aspiration	Regurgitation of feed due to poor gastric emptying.  Incorrect tube placement.	Medication to improve gastric emptying.  . Ensure the client has their head at 45 degrees during feeding, if able – refer to the service users care plan for more guidance.
Nausea and vomiting	Related to disease / treatment.  Medication, such as antibiotics, chemotherapy or laxatives.  Poor gastric emptying. Rapid infusion of feed.	Antiemetics if prescribed.  Reduce feed rate.  Change from bolus to intermittent feeding if documented in the service users care plan.  Follow escalation plan as per clients care plan and seek clarification and advice from GP, specialist or dietitian if not tolerating feeds.
Diarrhoea	Medication, such as antibiotics, chemotherapy or laxatives.  Radiotherapy to pelvis.  Disease related.  Gut infection.	Anti-diarrhoeal agent if prescribed.  If possible, GP may discontinue antibiotics, avoid microbiological contamination of feed or equipment.  Treat disease or manage symptoms.  Send stool sample to check for

		<p>gut infection.</p> <p>Consult doctor and / or dietician as per clients escalation and care plan.</p>
Constipation	<p>Inadequate fluid intake.</p> <p>Immobility.</p> <p>Use of opiates or other medication causing gut stasis.</p> <p>Bowel obstruction.</p>	<p>Check fluid balance and correct if necessary.</p> <p>Administer laxatives / bulking agents if prescribed.</p> <p>If possible, encourage mobility.</p> <p>If in bowel obstruction, discontinue feed.</p>
Abdominal distension	<p>Poor gastric emptying.</p> <p>Rapid infusion of feed.</p> <p>Constipation or diarrhoea</p>	<p>Gastric motility agents.</p> <p>Reduce rate of infusion.</p> <p>If possible, encourage mobility.</p> <p>Treat constipation or diarrhoea following instruction from the doctor.</p>
Blocked tube	<p>Inadequate flushing or failure to flush feeding tube.</p> <p>Administration of medication via tube.</p>	<p>Reduced risk of blockages by flushing with 30-50ml water before, in between and after feeds or medication or as detailed within the client specific care plan.</p> <p>Use liquid or finely crushed medications.</p> <p>If blocked, try warm water, soda water or prescribed enzyme preparations. Use a gentle push-pull technique or gently squeeze the tube between your fingers along the length of the tube. If tubing remains blocked, follow escalation plan/care plan to report or replace as required.</p>

## 5. Trouble Shooting

Client feels sick or is having stomach cramps	<ul style="list-style-type: none"> <li>Check that you are using the correct port on the device</li> <li>Check the rate of feeding, consider slowing the rate down</li> </ul>
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	<ul style="list-style-type: none"> <li>The feed may be too cold – let the feed reach room temperature</li> </ul>
Client is having diarrhoea	<ul style="list-style-type: none"> <li>Check the rate of the feed – consider slowing the rate down</li> <li>If diarrhoea continues seek medical advice</li> <li>Observe client for signs of dehydration</li> </ul>
The client's stomach is swollen and hard after feeding or they vomit the feed	<ul style="list-style-type: none"> <li>Check that you are using the correct port on the device</li> <li>The jejunal part of the device may have moved back to the stomach</li> <li>Vent (wind) the gastrostomy tube using a 60ml syringe</li> </ul>
The GJ tube seems to be blocked	<ul style="list-style-type: none"> <li>This may be due to inadequate flushing or a very thick feed or medication</li> <li>Try flushing the tube with warm water or fizzy soda water using a gentle push-pull technique</li> <li>If the above does not work seek medical advice</li> </ul>
The exit site is red, bleeding, oozing, irritated or swollen	<ul style="list-style-type: none"> <li>Look for signs of infection daily</li> <li>Clean the area if feed or medication comes into contact with the skin</li> <li>Talk to the community nurses about using a barrier cream or dressing</li> <li>If the client has a temperature seek medical advice</li> </ul>
If the device falls out	<ul style="list-style-type: none"> <li>Insert a spare tube or gastrostomy button device to stop the tract from closing up if competent in this skill.</li> <li>Seek medical advice as you will need the device replaced in a hospital setting</li> </ul>

## 6. Equipment

- Syringes (60ml)
- Extension set
- Medication (if administering medications)
- Mar chart (if administering medications)
- Feed (if feeding)
- Feed set (if feeding)
- Water for flushing
- PPE as per current guidelines

## 7. Procedure for administering medications via enteral feeding tubes

	Action	Rationale
1.	<p>Prescriptions should state the route of administration and specify the lumen to be used.</p> <p>Ensure the tube has not been dislodged or is not patent. If the tube is blocked please refer to trouble shooting section 5.</p>	For client safety.
2.	Syringes labelled 'Enteral' (i.e. a syringe to which a needle cannot be attached) should be used to prevent accidental parenteral/IV Administration.	To prevent the medication being given via the incorrect route.
3.	Check whether a break period is required before and after administering the medicines.	Some medicines react with feeds and need to be given when the client is fasting.

4.	<p>Check the type of water required for flushing. Sterile water is required for immune-compromised service users, children and often for service users with jejunostomy tubes.</p>	For flushing the tube pre and post medication administration to prevent blockage.
5.	Ensure the position of client prior to commencing feed.	For client safety and reduce the risk of Aspiration.
6.	<p>CHECK the route of administration required.</p> <p>CHECK you have connected the extension set onto the correct port – ask yourself should it be G or J</p> 	To safely and effectively administer medication via the correct route.
7.	Administer each drug separately as a sediment-free liquid; using the most appropriately sized oral/enteral syringe that the dose can be accurately measured -1ml, 5ml or 10ml.	To assist in administration and prevent blocking of the tube.
8.	Flush in between medicines as per client's fluid regime, usually with at least 10ml of cooled boiled/sterile water, then flush following administration of the last drug as per client's feeding regime, usually with at least 30ml. The flush amounts will be stated in their individual care plans NB the volumes may be smaller for paediatric service users or for clients with restricted fluid intake.	To prevent blocking of the tube and to ensure the medication is completely administered and not left sitting in the tube.
9.	Any preparation that is altered i.e. crushed/dispersed, ensure that prescriber and/or pharmacist have confirmed off licence and usage.	To prevent blocking of the tube and to ensure the medication is completely administered and not left sitting in the tube.
10.	Do not administer crushed tablets or capsule contents which have not completely dispersed in water; sediment increases the risk of blocking the tube.	To prevent blocking of the tube.
11.	Do not crush: Enteric coated [E/C] preparations; Modified Release [M/R] preparations;	To prevent destabilisation of the medication and blocking of the tube.

	cytotoxics, prostaglandin analogues, hormone antagonists or antibiotics (risk to staff); buccal or sublingual preparations. See administration sheet/patient information leaflet and/or summary of product characteristic sheet for further advice.	
12.	<p>Document the total volume of fluid given (including flushes) on a fluid balance chart.</p> <p>The administration of medication as described above should only be undertaken following a risk assessment and in consultation with the prescriber and/or pharmacist.</p> <p>Any changes or adverse reactions to medication, should be reported as per escalation process and client specific care plan.</p>	To record the administration.
13.	Do not administer bulk-forming laxatives, e.g. Fybogel, because they may block the tubes (unless prescribed).	To prevent blocking of the tube, the risk of incompatibility, microbial contamination, tube blockage and under dosing/overdosing if the feed rate is altered.
14.	Additional information may be found in guidance from the British Association for Parenteral & Enteral Nutrition (BAPEN): Drug Administration via Enteral Feeding Tubes. Copies are available from the website <a href="http://www.bapen.org.uk">www.bapen.org.uk</a> .	

## 8. Feeding Procedure via infusion pump

	Action	Rationale
1.	Explain each procedure before starting and ensure consent is given.	To ensure client understands the procedure and has agreed with it.
2.	Wash and dry hands and put on apron and gloves.	To reduce the risk of transfer of organisms on the Acacium Group healthcare workers hands and to protect clothing and minimise transfer of infection from client to health worker.
3.	<p>If possible, position the client in an upright position (30-45°) i.e. sitting in a chair. If in bed upper body should be elevated using pillows.</p> <p>Check tube placement.</p>	To minimise reflux and risk of aspiration.
4.	<p><b>Prior to administration of feed:</b></p> <p>CHECK the route of administration required.</p>	

	<p>CHECK you have connected the extension set onto the correct port – ask yourself should it be G or J</p>  <p>Flush feeding tube with prescribed amount of freshly drawn tap water from a kitchen sink to ensure the water is fit to drink (or sterile water as per dietetic regime), with enteral syringe. Close clamp on feeding tube.</p>	<p>To maintain patency of tube and to prevent air being in the giving set and causing pump to alarm. GJ tubes should not be rotated as this may dislodge the jejunal tube. Rotation details should be detailed in the care plan.</p>
5.	<p><b>Administration:</b> A 'no touch' clean technique should be used to connect the enteral feeding system device to the enteral feeding tube.</p> <p>If administering feed via a pump, place feed container on a stand. Attach feeding system to prescribed feed and prime system.</p>	<p>'No touch' clean techniques to prevent any contamination of site.</p> <p>Feed should be administered at room temperature and stored following manufacturer's instructions.</p>
6.	Remove end of enteral feeding system and attach to tube end.	To allow feed to be administered.
7.	<p>Set feeding pump at prescribed flow rate (as per dietetic regimen) release clamp on feeding tube and start pump.</p> <p>Monitor during the feed for signs of intolerance to feed.</p>	To allow feed to be administered correctly.
8.	On completion of feeding, switch off feeding pump and close clamp on enteral feeding system and disconnect the feeding system from the feeding tube.	To close system.
9.	<p><b>After feed:</b> Flush enteral feeding tube with prescribed amount of tap water (or sterile water as per dietetic regime), with enteral syringe. Close clamp on feeding system and disconnect feeding system from feeding tube.</p>	To maintain patency of tube.
10.	When the feeding tube is not in use the clamp should always remain open.	To prevent damage to tube.

11.	Dispose of feeding equipment in general household waste, remove disposable apron and gloves, wash and dry hands.	To prevent cross infection  Enteral feed administration sets are for single use only and must be discarded after each feeding session.
12.	Document care in client's care records including the name and volume of feed any issues of concern.	To provide information to those taking over the care of the client and act as audit where required.

## 9. Procedure for administering bolus feeds

Action		Rationale
1.	Follow steps 1 to 4 as above.	
2.	Attach an enteral syringe without the plunger to the feeding tube.	To allow feed to be administered.
3.	Slowly pour the prescribed quantity of feed into the syringe. If the feed is running too quickly or slowly altering the height of the syringe slightly may help. The plunger can be used to apply gentle pressure if the feed is running too slowly. Do not apply pressure with force.	To allow feed to be administered.
4.	When the prescribed feed has been delivered, flush tube with freshly drawn tap water, (or sterile water as per dietetic regime) remove the syringe.	To maintain patency of tube.
5.	Follow steps 10–12 in above procedure.	To complete the care cycle.

## 10. Associated Policies / SOPs

### Policies

CLIN 03 Medicines Management Policy  
CLIN 06 Consent Policy  
CLIN 14 Record Keeping

### SOPs

SOP Meds 01 Controlled Drugs  
SOP Meds 02 Oral Administration  
SOP Meds 03 Rectal Administration  
SOP Meds 04 Subcutaneous Administration of Medicines  
SOP Meds 06 Intramuscular Injection Administration  
SOP Meds 07 Peripheral Intravenous Administration  
SOP Meds 08 Administration via Central Line (Hickman, PIC and Porta Cath)  
SOP Meds 09 Removal of medicines from Client's Home  
SOP Meds 10 Vaginal Administration  
SOP Meds 11 Topical & Transdermal Application of Medicines  
SOP Meds 12 Administering Ear Drops  
SOP Meds 13 Administration of Eye Drops or Ointments  
SOP Meds 16 Buccal or Sublingual Administration of Medicines  
SOP Meds 17 Administration of Medication via a Metered Dose Inhalers  
SOP Meds 18 Administration of Epi-Pen, Anapen and Emerade  
SOP Meds 19 Self Administration of Medicines

## 11. References

- NMC 2018 Guidelines for records and record keeping (this is updated version) Procedure no 4
- The Royal Marsden 2015 Manual of Clinical Nursing procedures 9<sup>th</sup> Edition (this is updated version)
- CQC Medicines training and competency in adult social care settings – this relates to appropriate training, support and competencies making care safe, high quality and consistent (Training is referred to in all SOP's)
- NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017 – this relates to general medicines management and details all processes
- <https://www.bapen.org.uk/nutrition-support/enteral-nutrition/medications>
- Medication management of patients with nasogastric (NG), percutaneous endoscopic gastrostomy (PEG), or other enteral feeding tubes - Working party—Wright, Griffith, Merriman, Smithard, Smyth, Welsh 2 April 2019
- <https://www.evelinalondon.nhs.uk/resources/patient-information/gastrostomy-at-home-button.pdf>
- [Gastrojejunostomy \(transgastric jejunal\) feeding device care | Great Ormond Street Hospital \(gosh.nhs.uk\)](https://www.gosh.nhs.uk)

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group