

**POSTPYLORIC / NASO-JEJUNAL FEEDING TUBE PLACEMENT
PRACTICE GUIDELINES
Division of Trauma and Surgical Critical Care
Vanderbilt University Medical Center
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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 (ie. diabetes, CHI)

PREPARATION:

1. Obtain consent for “Endoscopic placement of post-pyloric feeding tube”.
2. Medication pack:
 - a. Fentanyl 500 mcg
 - b. Vecuronium 20 mg
 - c. Versed 10 mg
 - d. Diprivan 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 Versed / Diprivan & Fentanyl, followed by Vecuronium.

3. Equipment:
 - a. Trauma cart , obtained from the OR/Core, to include:

Sterile towels	Snare Wire
Syringes	Mouth piece
Suture	Gowns, gloves
Scope	Betadine solution
Water Bottle	Ross- Nasoenteric kit
4. Procedure:
 - a. Endoscopic placement of post-pyloric feeding tube
 - b. Nasal bridle created in usual fashion
 - c. Obtain KUB
 - d. May Start feeds once KUB confirms placement
5. Care of tube:
 - a. Order Afrin Spray x 3 days, Saline nasal spray then after to decrease risk of sinusitis
 - b. Tube maybe used for some meds (check pharmacy for elixir forms and those that can be crushed to form a liquid). Flush tube with 50 cc water q 6 hrs, before & after each med.