

VANDERBILT UNIVERSITY MEDICAL CENTER  
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE

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**POSTPYLORIC / NASO-JEJUNAL FEEDING TUBE PLACEMENT – revised 2011**

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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, 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. 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.

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

Sterile towels	Snare Wire
Syringes	Mouth piece
Suture	Gowns, gloves
Scope	Water Bottle for endoscope
  - Nasoenteric tube that can accommodate guidewire

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. Order Afrin Spray x 3 days, Saline nasal spray then after to decrease risk of sinusitis

Tube maybe used for meds. Flush tube with 50 cc water q 6 hrs **and** before & after each med.