
Discharge Instructions: Going Home with an NJ Tube

A nasojejunal (NJ) tube is a thin, soft tube. It goes down through the nose, into the stomach, and to the jejunum. The jejunum is the second part of the small intestine. The NJ tube is in place to give fluids, medicine, and liquid food.

How to say it

NAY-zoh-jeh-JOO-nuhl

Why an NJ tube is used

This kind of tube is put in place when a person has any of these problems:

- Trouble swallowing
- A lot of vomiting
- Slow stomach emptying (gastroparesis)
- Other problems that make it hard to get nutrition

Caring for the tube at home

The tube is taped to the side of the face to help keep it in place. It may be tucked behind the ear. The end of the tube has a cap on it called a port. You will be taught how to do feedings, give medicine, and flush the tube through the port. Before you leave the hospital, make sure you are comfortable with your instructions. You will also be given contact information for who to call in the event of questions or problems. There can be a lot to learn, and it is natural to have questions once you get home. If you can have someone with you in the hospital when you learn to care for and use your NJ tube, that can be very helpful.

Don't touch the tube unless you need to. Be very careful when touching it. Wash your hands first. If the tube comes out, it can't be put back into place at home. You'll need to call the healthcare provider.

When to call the healthcare provider

Call the healthcare provider right away if any of these happen:

- The tube has moved a bit out of the nose
- The tube has come fully out of the nose
- The tube is cracked or breaking
- The tube is clogged
- Coughing

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- Trouble breathing
 - Vomiting
 - Fever of 100.4°F (38°C) or higher, or as advised by the provider

Call 911

Call 911 if any of these happen:

- Bloody or brown fluid from the tube
- Dizziness or lightheadedness
- Choking
- Severe shortness of breath