

Name of Policy: Nasojejunal (NJ) and Oral Jejunal (OJ) Tube Placement Policy Number: 3364-110-05-17 Approving Officer: Chief Nursing Officer (CNO) Responsible Agent: Chief Nursing Officer (CNO) Scope: Nursing Administration		 Effective date: 8/1/2025 Original effective date: 4/8/2021	
Key words:			
☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy Statement

This policy of the University of Toledo Health Science Campus (HSC) UT Medical Center and the Department of Nursing outlines the process for nasojejunal (NJ) and oral jejunal (OJ) tube placement for all nursing and ordering providers that may participate in the placement of NJ/OJ tubes.

(B) Purpose of policy

To create guidelines for safe placement of nasojejunal (NJ) or oral jejunal (OJ) tubes in patients.

(C) Scope

A practical guideline for the health care providers involved in ordering and placing NJ and OJ tubes.

(D) Procedure

- 1) In order to provide safe and efficient care to patients while attempting to minimize unnecessary radiation exposure of the nurse who has received the training and demonstrated competency may facilitate NJ/OJ tube placement.
- 3) Every patient should undergo radiography to confirm proper position of an NJ or OJ tube before feeding is initiated.
- 4) If the desired location of the tube is not reached on the initial placement a follow up radiograph should be obtained 24 hours after initial placement as the majority of tubes migrate to the desired location without additional intervention.
- 5) In the event the tube does not reach the desired position the radiology department can offer fluoroscopic guidance to the nursing team to help further the tube placement.

(D) Contraindications

These contraindications are not absolute, but in these patient groups the insertion of a NJ or OJ tube must be discussed with the medical team in charge of the patient's care. The decision and plan of care should be documented in the patient's medical notes.

Such patients require NJ/OJ tube insertion under fluoroscopic control.

- ☐ First failed attempt to place JG or OG
- ☐ Any resistance past the nasal vestibule
- ☐ Any respiratory compromise/distress
- ☐ Anatomical deformities
- ☐ Obstructive pathology in oropharynx or esophagus preventing passage of the tube
- ☐ Non-functioning GI tract e.g. ileus
- ☐ Large gastric aspirate and/or high risk of aspiration
- ☐ Intractable vomiting not resolved by anti-emetics
- ☐ Maxillo-facial surgery/trauma/disease
- ☐ Oral, nasal or esophageal tumors/surgery
- ☐ Basal skull fractures as the tube may enter the brain if incorrectly positioned (oro-gastric positioning may be appropriate)
- ☐ Severe gastro esophageal reflux disease
- ☐ Mucositis
- ☐ Allergies – to tube or securing material
- ☐ Esophageal varices
- ☐ Vomiting responding to anti-emetics
- ☐ Recent radiotherapy to head and neck
- ☐ Advanced neurological impairment

Approved by: /s/ _____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer _____ Date <i>Review/Revision Completed by:</i> <i>Ken Fry, MBA, MSN, PCCN, CIC, NE-BC</i>	Policies Superseded by This Policy: • • • Initial effective date:4/8/2021 Review/Revision Date: 8/1/2025 Next review date: 8/2028
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