

NURSING SERVICE GUIDELINES GENERAL

Guideline: Nasojejunal (NJ) and oral jejunal (OJ) tube placement



Policy Number Superseded: 3364-110-05-17

Responsibility:

Effective Date:

August 1, 2025

Purpose of Guidelines: To provide a practical guideline for all nursing and ordering providers that may participate in the placement of nasojejun (NJ) and oral jejunal (OJ) tube in patients.

Initial Effective Date:

August 1, 2025

Procedure:

- (A) 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.
- (B) Every patient should undergo radiography to confirm proper position of an NJ or OJ tube before feeding is initiated.
- (C) 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.
- (D) 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.
- (E) 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.**
 - (1) First failed attempt to place JG or OG
 - (2) Any resistance past the nasal vestibule
 - (3) Any respiratory compromise/distress

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- (4) Anatomical deformities
- (5) Obstructive pathology in oropharynx or esophagus preventing passage of the tube
- (6) Non-functioning GI tract e.g. ileus
- (7) Large gastric aspirate and/or high risk of aspiration
- (8) Intractable vomiting not resolved by anti-emetics
- (9) Maxillo-facial surgery/trauma/disease
- (10) Oral, nasal or esophageal tumors/surgery
- (11) Basal skull fractures as the tube may enter the brain if incorrectly positioned (oro-gastric positioning may be appropriate)
- (12) Severe gastro esophageal reflux disease
- (13) Mucositis
- (14) Allergies – to tube or securing material
- (15) Esophageal varices
- (16) Vomiting responding to anti-emetics
- (17) Recent radiotherapy to head and neck
- (18) Advanced neurological impairment

Approved by:

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Revision Date:

Review/Revision Completed by:

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Next review date:

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