PROCEDURE

Nasojejunal Tube Management

Scope (Staff):	Community health
Scope (Area):	CACH – Education Support Schools

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Contents

Aim

To provide guidance to nurses working in schools on the safe management of **nasojejunal tubes** to support client safety and effective enteral care.

Risk

There are potential high-risk complications if nasojejunal tube management is not performed correctly. Non-compliance with this procedure may result in nasal trauma, infection, aspiration, or incorrect medication and feed delivery[1, 2].

Background

A **nasojejunal tube (NJT)** is a flexible tube inserted via the nose into the jejunum under radiological guidance. An NJT is used for short-term enteral feeding in children who have an intact gastrointestinal tract but are unable to tolerate gastric feeds. Reasons may include conditions such as poor gastric emptying, poor or absent gag reflex, severe gastro-oesophageal reflux, persistent coughing or vomiting, or recurrent aspiration. Long-term support may require surgical insertion of a gastrostomy or jejunostomy tube[1].

NB: For all information related to **nasogastric tube (NGT) care and feeding,** see Nasogastric tube management procedure.

Definitions[3, 4,5]

Enteral device feeding - Nutritional support delivered directly into the gastrointestinal tract via a medical device. Devices may also be referred to as tubes.

Nasojejunal tube (NJT) - A flexible tube inserted through the nose into the jejunum (part of the small intestine), used for short-term enteral feeding when gastric feeding is not tolerated. It allows for delivery of nutrition directly into the jejunum.

Key Points

- An NJT is **only** inserted under radiological guidance. All clients with a displaced NJT or one unable to be unblocked must attend hospital for NJT replacement in Interventional Radiology.
- An NJT must **NOT** be reinserted in a community setting.
- Aspiration of an NJT to verify position is **NOT** recommended. Aspiration can lead to collapse and recoil of the tube[6]. Refer to Confirm NJT placement section for information about procedure to confirm NJT tube placement.
- An NJT should be flushed regularly (e.g., 4-hourly, including during feeds, or as per student health care plan) with cooled boiled water (See Appendix 1. Preparing and

storing freshly boiled water). This decreases the risk of blockage by preventing the build-up of formula on the narrow inner lumen.

- Each client must have an individualised care plan that outlines feeding, flushing, medication administration, and troubleshooting requirements. This may be a Department of Education student Health Care Plan or a hospital care plan. Refer to Student health care plans policy.
    - The dietitian or parent/caregiver will provide details for the student health care plan about the client's feeding regime, including the enteral formula (type and volume), mode, and frequency of nutrition delivery
    - Blended tube feeds are not recommended via an NJT due to the increased risk of tube blockage in smaller tubes.
    - Families should be supported to document their child's care requirements in a student health care plan. Where additional assistance is needed, nurses use clinical judgment and collaborate with the PCH Clinical Nurse and/or CACH Clinical Nurse Manager to ensure safe and appropriate care planning.
    - **Note:** The nurse **must** follow each client's individual student health care plan for **all** aspects of NJT device management.
- Nurses performing enteral device care and management must have successfully completed appropriate CACH training and been deemed competent, or be directly supervised by a nurse who has been deemed competent.
    - CACH nurses must complete the medication competency eLearning packages prior to administering medications. (See Practice Framework for Community Health Nurses)
- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses must provide culturally safe service delivery that recognises and respects the cultural beliefs and practices of all clients.
- Nurses must follow the organisation's overarching Infection Prevention and Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Nurses can contact the Gastroenterology Liaison Nurse at Perth Children's Hospital (PCH.GastroenterologySpecialistNurses@health.wa.gov.au) for advice and clarification of a client's NJT care.

NJT key Features:

- **Only** inserted under radiological guidance.
- Delivers feed directly to the jejunum.
- Often includes dual ports for feeding and medication/flushing.
- **Not** suitable for reinsertion in the community setting.

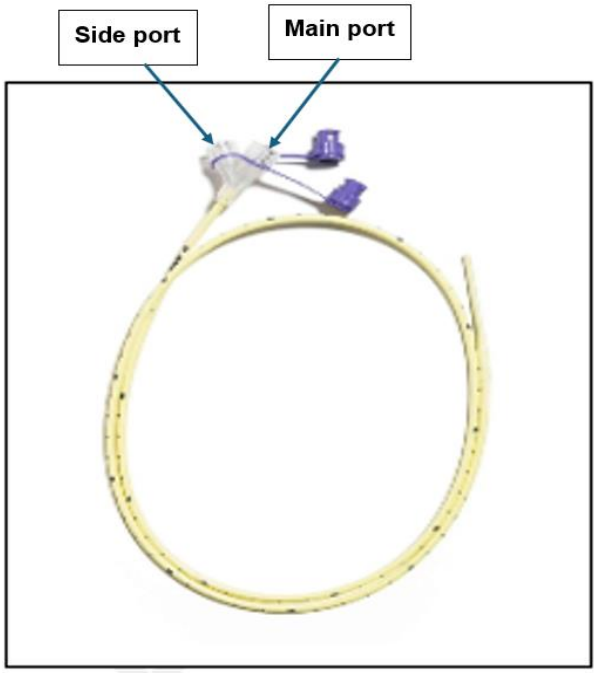

Figure 1: Avenos Cortrak 2 Nasointestinal dual port tube

Important Considerations:

- Tube position **must** be confirmed visually (**external markings**)[7]. Aspiration and pH testing are **NOT** recommended.
- Feeds must be delivered **continuously via a pump**.
- Regular flushing is **essential** to prevent blockage.
- **Medication** should be given via an enteral syringe and not mixed with feeds.

Clients in the community often have a **dual port NJT**. Having dual ports on the NJT makes it easier to flush and to administer medications while a continuous feed is connected. **Both ports access the same lumen** to deliver fluids to the initial part of the jejunum (as shown in Figure 1).

The main port is used for continuous feeds. Flushes and medications can be given via either port as per student health care plan, but the side port is used for these while a continuous feed is connected.

ENFit® Connection System

ENFit® is a patented safety-standard connector system for enteral feeding devices.[8, 9]. This prevents misconnection with other types of medical tubing, such as intravenous lines[3, 10].

Figure 2: ENFit Connection System

All enteral feeding equipment, including gastrostomy devices, nasogastric tubes, feeding sets and syringes have transitioned to the ENFit® system.

Equipment

The following equipment may be required for NJT management, feeding, medication administration, flushing, and medication administration:

- Client's enteral syringe (20 mL)*
- Pump administration set*
- Extension Y-port with clamp*
- Cooled boiled water for flushing (or as supplied by parent/caregiver)
- Prepared feed* at room temperature
- Prescribed medication* as required
- Giving set* and feed bag*
- Enteral feeding pump* (as per student health care plan)
- Adhesive tape (e.g. Fixomull® / Hyperfix™) for retaping if needed*
- Hydrocolloid dressing (e.g. Duoderm®) for retapping if needed*
- Detergent/disinfectant wipes
- Disposable gloves
- Alcohol-based hand rub (ABHR)
- Additional personal protective equipment (PPE) as required
- Rubbish bag

* Items that are supplied by parent as needed

Actions prior to ALL NJT care

The following steps must be performed prior to ALL NJT feeding, medication administration, and management of blocked or leaking or dislodged devices.

Steps	Additional Information
1. Review student health care plan.	• Check the client's individualised care plan for device-specific instructions, including feeding regime, flushing volumes, medication orders, and troubleshooting guidance. • Check client's notes for additional history.
2. Check client identity and gain consent.	• It is the responsibility of the clinician to ensure informed consent has been obtained.

Steps	Additional Information
• Identify the child as per CAHS Patient/Client Identification Policy. • Explain the procedure to the child. Allow sufficient time for discussion of concerns if needed.	• Consent should always be informed, current and relevant to the procedure in accordance with CACH Consent for Services Policy • A current and signed student health care plan complies with consent requirements.
3. Prepare environment and gather equipment.	• The student health care plan should detail all individual requirements for feeding, flushing, medication delivery, and troubleshooting. • Clean the preparation area with detergent/disinfectant wipe and allow to dry. • Gather all required equipment as per care plan.
4. Prepare client for comfort and safety.	• Position the client upright (minimum 30°) unless otherwise specified in the care plan. • Assess for pressure areas or skin breakdown if applicable.
5. Perform hand hygiene and don gloves.	• Disposable gloves are required for all NJT feeding and management • See Standard and Transmission Based Precautions specifically Appendix 5 - Community Nurse in Education Support Schools PPE Guide. • Assess risk of exposure to body fluids, and use appropriate additional PPE as per Exposures to Blood and Body Fluids policy.

Confirm NJT Placement

NJT placement **must** be confirmed before every feed, medication administration, or separate flush.

Steps	Additional Information
Follow Actions prior to ALL NJT care - **Steps 1-5.**	
Confirm NJT placement. • To confirm NJT placement, check the tube marking is at the nare[7].	• Do **NOT** aspirate an NJT as this can cause collapse and recoil of the tube[6]. • Check that the tube marking is at the nostril, or the external cm distance of NJT at nostril

Steps	Additional Information
IMPORTANT NOTE: The pH level of an NJT is **NOT** to be tested[6]. • Check placement prior to administering any medication, feed, or flush[1]. • Check that the NJT tape is secure. • Change tape / dressing if wet or lifting. • Observe nares and cheeks pressure areas or skin breakdown.	is the same as the distance recorded in student health care plan[6]. • If NJT marking is being erased by nasal secretions, re-mark with permanent pen. • If there is any concern with NJT position, **DO NOT USE** for any feed, medication or flush[6]. Alert parent/caregiver and advise them to check with PCH team about required actions. • If an NJT needs retaping, take care to avoid moving or displacing the tube while removing the old tape. • If retaping NJT, avoid taping tube with pressure against the cheek or nostril.

NJT Feeding

General considerations for all NJT feeds

- All NJT feeds **must** be delivered **continuously via a feeding pump** (usually over 16 – 18 hours). Bolus feeding is not appropriate.
- The structure and function of the jejunum differs from the stomach. The delivery of hyperosmolar feed boluses can lead to pain, diarrhoea, and dumping syndrome[1].
- Always check the external tube length and that taping is secure before feeding[7].
- Ensure client is positioned upright (minimum 30°) unless otherwise specified in their student health care plan.
- Monitor the client closely for signs of feed intolerance or tube migration (e.g., vomiting, coughing, discomfort).
- Stop the feed immediately if the client shows signs of distress and notify the parent/caregiver. Refer to CAHS Recognising and Responding to Acute Deterioration for further information on clinical communication in emergency situations.
- Flush NJT regularly (before, during and after feeds as per student health care plan) using cooled boiled water to prevent blockage. (See Appendix 1. Preparing and storing freshly boiled water)
- There is no set timeframe for positioning a client supine or allowing swimming after a feed to reduce aspiration risk. Nurses should use clinical judgment and follow parent/caregiver guidance, particularly for clients prone to vomiting or reflux[3].

Steps	Additional Information
Follow Actions prior to ALL NJT care - **Steps 1-5.**	
Prepare feed. • Refer to client's individualised nutrition care plan. • Open the bottle of feed immediately prior to use. • If decanting feeds, pour a maximum of 4 hours of feed volume at a time into the feeding bag. • Hang feed bag/bottle from hook, prime the giving set, and then clamp.	• Dietitian or parent/caregiver will provide details for student health care plan regarding client's feeding regime, including enteral formula type, volume, rate, and frequency of nutrition delivery. • See Appendix 2: Cleaning the ENFit connector for tips to keep ENFit feeding tube ports clean[1].
Flush before feed.	• See Flushing section in this procedure for more information.
Deliver feed. • Load primed giving set into feed pump, then connect to NJT feed port. • Set pump to the required rate and volume, unclamp, and start feed.	**NB:** Extension tubing is not required for NJT feeding. • Ensure that NJT feeds are delivered continuously and **not** as a bolus. • Adhere to the rate ordered on student health care plan. This prevents accidental delivery of the feed at a bolus rate. • Flush NJT four hourly during feeds to prevent build-up of formula on the inner lumen which can increase the risk of blockage
Observe for signs of feed intolerance or tube migration. • Monitor client's comfort and feed tolerance throughout feed. • Any change in a client's ability to tolerate the jejunal feed requires immediate cessation of the feed until review and confirmation of correct position of the NJT.	• Ensure child is supervised during an NJT feed. ○ Responsibility for client supervision throughout an NJT feed can be handed over to appropriate Department of Education staff. • Signs such as retching, vomiting, or excessive coughing may indicate possible migration of the NJT to the stomach[1, 6].

Steps	Additional Information
○ Notify parent/caregiver and discuss need for review by healthcare team. • Stop the feed if client experiences coughing, choking, vomiting or breathing difficulties: ○ Contact parent/caregiver to seek advice and/or ○ Call an ambulance if required.	• Jejunal feed-related complications include[1, 6] : ○ Diarrhoea ○ Abdominal cramping or discomfort ○ Vomiting ○ Dumping syndrome • Refer to CAHS Recognising and Responding to Acute Deterioration for further information on clinical communication in emergency situations.
Flush after feed. • Stop feed pump. • Clamp giving set and remove. • Flush with cooled boiled water after completing and disconnecting the feed	• See Flushing section in this procedure for more information • Regular flushing lowers the risk of blockage from a build-up of formula on the inner lumen.
Follow Actions after ALL NJT care - Steps 1-3.	

Actions after ALL NJT care

The following steps **must** be performed after **ALL** NJT feeding, medication administration, stoma care, and management of blocked, leaking, or dislodged devices.

Steps	Additional Information
1. Doff and dispose of PPE. • Perform hand hygiene.	
2. Store feeds and clean and store equipment.	• See Cleaning and Storage of equipment. • See Storage of feeds.
3. Documentation. • Record care given.	• Record 'all care given as per student health care plan' if no change in client's condition or the care given. • Any deviations from the client's normal status or care must be recorded in the client notes.

NJT Flushing

General consideration for NJT flushing

- NJTs are thinner and longer than nasogastric tubes (NGTs), and so have a greater risk of blockage. Regular flushing (4-6 hourly during feeding) is required due to the greater risk of tube blockage.
- Flushing is required **before and after** feeding and medication administration to maintain device patency and reduce the risk of blockage from a build-up of feed, medication or stomach content on the inner lumen.
- Flushing may also be required as a **standalone procedure** to maintain hydration or clear residual formula or medication.
- Always refer to the **individual student Health Care Plan** for flushing frequency, volume, and type of water (e.g., cooled boiled).
- Cooled boiled water is generally used to flush an NJT. (See Appendix 1. Preparing and storing freshly boiled water)
- Flush volumes are calculated by a **dietitian** to support hydration and nutritional needs.
    - Flush volumes may vary between clients and may differ from the manufacturer's recommendations.
    - Clients may require adjustments to flush volumes due to fluid restrictions, increased hydration needs, or frequent device blockage.
- Use only enteral syringes for flushing. Follow the student health care plan for syringe size and flushing technique.

Steps	Additional Information
Follow Actions prior to ALL NJT care - Steps 1-5.	
Prepare flushing equipment.	• Use a 20 mL (minimum size) enteral syringe (or as per student health care plan).
Draw up required volume of water into enteral syringe.	• Use volume of cooled boiled water as per student health care plan (usually 10mL - 30mL). • For client comfort, draw up water and allow it to come to room temperature before flushing.

Steps	Additional Information
Deliver the NJT flush: **Single lumen NJT flushing**: • Stop the feed. • Disconnect the feed line and use an extension port with cap (supplied by parent) to reduce infection risk for feed line. • **Attach enteral syringe and** deliver the flush as a gentle pulsatile push. • Reconnect feed line and restart the feed. **Dual lumen NJT Flushing during a continuous feed:** • Pause the pump and manually occlude the feed line by gently kinking the tubing. Do not disconnect the giving set. • Open the side port, connect a syringe with the prescribed volume of cooled boiled water, and flush using a gentle pulsatile push. • Disconnect the syringe and securely recap the side port. • Stop occluding the feed line and restart the pump as per student health care plan.	• **NB:** NJT flushing does **not** use the gentle push/pull technique used for an NGT blockage. ○ Gently push forward only and pause. **Do not pull back** on the syringe as this may damage the NJT tubing. • **DO NOT USE FORCE** to flush, administer liquids, or unblock an NJT. Excessive force can perforate the tube, and may cause injury to the gastrointestinal track or aspiration[1]. • Dual lumen NJTs allow for flushing and medication administration without disconnection of the continuous feed. This reduces the risk of infection.
Follow Actions after ALL NJT care - Steps 1-3.	

NJT Medication Administration

Always flush the NJT before and after giving medications, and as per student health care plan[5].

- Use liquid medicines whenever possible. Administering inadequately crushed tablets or viscous medications significantly increases the risk of NJT blockage.
- If crushing tablets, a mortar and pestle must be used to crush them to a powder consistency[4]. Mix with sterile or cooled boiled water up to 10 mL (or as per student health care plan) and deliver **immediately** after mixing.
- Use only enteral syringes to draw up and administer medications.

- Wipe medication from the tip and outer threads of the ENFit syringe with a clean tissue when drawing up, and keep fluid out of its dead space when connecting to the NJT port. See Appendix 2: Cleaning the ENFit connector for tips for keeping ENFit feeding tube port clean.
- **NB:** Smaller syringes deliver fluid at increased pressure, and this may be uncomfortable for the client. Although a smaller syringe may be required to administer some medications (e.g. a 1 mL syringe for a 0.2mL dose), this dose should be delivered as a slow push.

Steps	Additional Information
Follow Actions prior to ALL NJT care - Steps 1-5.	
Check identification and medications required. • Refer to Medication Administration Chart (CHS 414) and student health care plan for individual requirements for medication administration and flushing. • Adhere to the 'Six Rights' of safe medication administration: (*right route, right drug, right individual, right dose, right time, right documentation*).	• Check identification as per Patient/Client Identification policy. • Refer to Medication management in education support schools for further guidance on preparation, administration and documentation of medications in the Education Support school setting.

Prepare medications.
• Draw up medications into separate labelled syringes.
  ○ Each syringe is labelled with student identifiable details (student's name and date of birth or age) and medication identifiable details (medication name and dosage).
• **Note:** Use a single-use syringe to draw up the medication.
	• Draw up medications immediately prior to administration.
	  ○ When more than one medication is being given at the same time, each medication should be crushed separately (if applicable), and drawn up in a separate labelled single-use syringe to be administered separately.
	  ○ An enteral syringe may be used to draw up small volume medications for delivery by slow push (as per student health care plan).
	• **Note:** Do not add medications to formula.
	• **Note:** Do not mix medications together prior to administration[3].

Flush feeding tube.	• See Flushing section for more information.

Steps	Additional Information
• Use cooled boiled water and a 20 mL ENFit® syringe (or as per student health care plan).	• **Flush** the device with water **before and after** administering medications to reduce the risk of blockage[5].
Administer medication. To administer medications during a continuous feed: **Single lumen NJT:** • Stop the feed. • Disconnect the feed line and use an extension port with cap (supplied by parent) to reduce infection risk. • Attach enteral syringe barrel to extension port. • Transfer medication into syringe barrel, release clamp to administer, and then reclamp. ○ Some medication doses can be administered directly using an enteral syringe via a slow push. • If more than one medication is being administered, flush the port between each medication. **Dual lumen NJT:** • Administer medication and flush as above via the side port, without interrupting the continuous feed.	• When more than one medication is required to be given at the same time, each medication should be administered separately, with a water flush in between each medication[5]. • Although an NJT flush is usually 10mL-20mL, a smaller flush volume of 3-5mL may be required when giving multiple medications. Always follow the client's individual care plan. • Administer the flush more slowly if using a smaller volume syringe.
Flush feeding tube and recap. • Reattach feed line if a continuous feed was in progress via single lumen NJT, or • Recap double lumen NJT side port securely.	• Flush as per student health care plan after administering medications. • See Flushing section for more information.
Follow Actions after ALL NJT care - Steps 1-2.	

Steps	Additional Information
Documentation • Record care given.	• Document medications given on CHS414 Medication Administration Chart. • Record in client notes any difficulties with medication administration. • When PRN or exceptional dose medications are given, document the reason and outcome in client notes.

Managing a Disloged NJT device

Note: Nasojejunal tubes cannot be replaced in the community setting.

- Contact parent/caregiver and advise follow up with PCH Gastoenterology nurse or Emergency Department. Dislodged NJT devices or those which cannot be unblocked must be replaced within twenty-four hours (and ideally within 2 hours). The urgency depends on the client's other metabolic and endocrine issues.
- Document all actions, communications and outcomes in client record.

NJT Blockage

- Signs of blockage include resistance during flushing, inability to push fluid through, or stiffness in the tube.
- **Do not** use force to flush an NJT, as this may damage the tube or cause injury.
- **Do not** use acidic solutions (e.g., fruit juice or cola) to clear blockages.
- Clog Zapper should **only** be used if documented in the student health care plan and provided by the parent. It must be administered using an ENFit® syringe.
- Regular flushing every 4 hours with cooled boiled water helps prevent build-up and future blockages.
- Always refer to the individual student Health Care plan.

Steps	Additional information
Follow Actions prior to ALL NJT care - Steps 1-5.	
Attempt to flush the NJT with warm, previously boiled water using a gentle pulsatile technique. • Warm water can be prepared by mixing recently boiled water with cooled boiled water stored in the fridge.	• See Flushing for more information. • Use a **'push/pause' motion** to avoid aspirating the NJT. Warm water helps to dissolve solutes, fatty feed particles, and medication residue.

If blockage persists, gently squeeze the tube between the fingers along its length.	• Work from the distal end toward the nose to help dislodge debris.
Repeat flush if required. • Flush again after 10-30 minutes with warm, previously boiled water.	• Allow time for warm water to soften any blockage.
If the NJT still remains blocked, administer Clog Zapper as per Appendix 3: Using Clog Zapper.	• Ensure compatibility with ENFit® connectors. Follow all safety and consent protocols. • **Note:** Clog Zapper can only be used if it has been documented in the student health care plan and provided by the patient.
Contact parent/caregiver and advise attendance at PCH Emergency Department if: • Patency is not regained after two attempts with Clog Zapper, or • Clog Zapper is unavailable.	• NJTs **must** be replaced in hospital under radiological guidance.
If patency is restored, flush the NJT with 20 mL of cooled boiled water (or as per student health care plan).	• See Flushing section in this procedure for more information. • See Appendix 1: Preparing and storing freshly boiled water.
Follow Actions after ALL NJT care - Steps 1-2.	
Documentation • Document care provided and inform parent/caregiver	• Document signs of blockage, actions taken, flush volumes, reason for use of Clog Zapper (if provided), and any communication with family or treating team. • Document administration of Clog Zapper on CHS414 Medication Administration Chart as a PRN dose.

Storage of feeds

- All formula should be stored as per manufacturer's guidelines.
    - Once a formula bottle is opened, it must be:
        - used within 24 hours or discarded

  - covered and stored in the refrigerator (as appropriate)
  - labelled with client's name, date and time opened and the nurses signature.

- Feed bottles pre-prepared at home should be provided in a cooler lunch box with a cold brick and refrigerated upon arrival at school.
  - Only one day's worth of feed pre-prepared at home should be supplied at a time.
- Any unused feed must be discarded or sent home at the end of the day.

Cleaning and storage of equipment

- Clean feeding pump daily using a cloth or cleaning wipe moistened with mild detergent and water. Wipe up any spills immediately to prevent damage or contamination.
- Remove external tubing and equipment from the client when no longer in use.
- After disconnecting, wash feeding equipment individually.
- Wash all enteral feeding equipment between each use.

Steps	Additional information
Wash all feeding equipment individually in warm soapy water. • Rinse well with warm water and then air-dry. • An ENclean® brush or similar, (e.g. a small soft toothbrush) can be used to wash the extension set. Clean brush in warm soapy water after use[3].	• See Appendix 2: Cleaning the ENFit® connector • All enteral equipment is client-specific and can be reused if appropriate infection control standards are followed. • Parents should supply the small brush for cleaning their child's equipment.
Inspect equipment regularly for signs of wear and tear.	• Check equipment regularly (e.g. once a term). • Advise parent/caregiver to replace equipment if signs of wear or tear are observed.
Air dry equipment.	• Air dry to reduce the risk of bacterial growth and contamination of feed.
Store dry equipment in client's labelled, clean, dry and sealed container (such as a lunch box), unless otherwise specified in student health care plan[11].	• Containers and equipment (where appropriate) to be labelled with client's name to ensure safe, hygienic handling. • During term breaks, cleaned and dried feed boxes and equipment may be stored

• It is preferrable to store client's equipment in the fridge[11].	in a cupboard or fridge to protect from environmental contamination[12]. • Client's own equipment should be taken home at the end of the school year.
Doff and dispose of PPE. • Perform hand hygiene.	

Documentation

Nurses must maintain accurate, comprehensive and contemporaneous documentation in electronic and/or written health records of assessments, planning, decision making and evaluations, according to CACH processes.

References

1. Perth Children's Hospital. Nasogastric and Nasojejunal Tube Management. Perth: CAHS; 2023.
2. NHS Improvement. Resource set: Initial placement checks for nasogastric and orogastric tubes. 2016.
3. Perth Children's Hospital. Gastrostomy and Gastrojejunal tube management. Perth: CAHS; 2023.
4. Great Ormond Street Hospital for Children NHS Foundation Trust - Gastrostomy Service. Gastrostomy care. 2020.
5. Agency for Clinical Innovation. A Clinician's Guide: Caring for people with gastrostomy tubes and devices (Edition 1.2). 2015.
6. The Royal Children's Hospital Melbourne. Jejunal Feeding Guideline - Nursing Guideline. Melbourne,2021.
7. Pearce CB, Duncan HD. Enteral feeding. Nasogastric, nasojejunal, percutaneous endoscopic gastrostomy, or jejunostomy: its indications and limitations. Postgrad Med J. 2002;78(918):198–204.
8. Global Enteral Device Supplier Association. Stay connected 2024 [Available from: https://stayconnected.org/enfit/.
9. Global Enteral Device Supplier Association. User Benefits of the ENFit® Enteral Feeding System [Available from: https://stayconnected.org/user-benefits-of-the-enfit-enteral-feeding-system/.
10. Dietitians Association of Australia: Nutrition Support Interest Group. Enteral nutrition manual for adults in health care facilities. Dietitians Association of Australia,; 2018.
11. The Royal Children's Hospital Melbourne. Gastrostomies - All you need to know. In: Gastroenterology Department, editor. 4th. ed. Melbourne: State Government of Victoria; 2020.
12. Department of Health. Guidelines for the management of infant feeding equipment in Western Australian healthcare facilities. In: Communicable Disease Control Directorate, editor. Perth: Western Australian Department of Health; 2025.
13. Avanos Medical BVBA. CLOG ZAPPER* Enteral feeding tube declogging system: Technical Data Sheet. 2019.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link
Clinical Handover - Nursing
Gastrojejunostomy device management
Gastrostomy device management
Nasogastric tube management
Medication management in Education Support Schools
Student Health Care Plans
The following documents can be accessed in the CACH Operational Policy Manual
Patient/Client Identification
The following documents can be accessed in the CAHS Policy Manual
Clinical Documentation
Consent to Treatment
Hand Hygiene
Infection Control
Nasogastric and Nasojeunal Tube Management (PCH)
Recognising and Responding to Acute Deterioration
Standard and Transmission Based Precautions
Related external legislation, policies, and guidelines
Clinical Handover Policy (MP0095/18)
Clinical Incident Management Policy (MP 0122/19)
Recognising and Responding to Acute Deterioration Policy (MP 0171/22)
Related external resources (including related forms)

DOE Student Health Care
Nasogastric Tube Feeding: A Guide for Parents and Carers – Gastroenterology Intranet Information Hub

This document can be made available in alternative formats on request.

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Reviewer / Team:	Clinical Nursing Policy Team		
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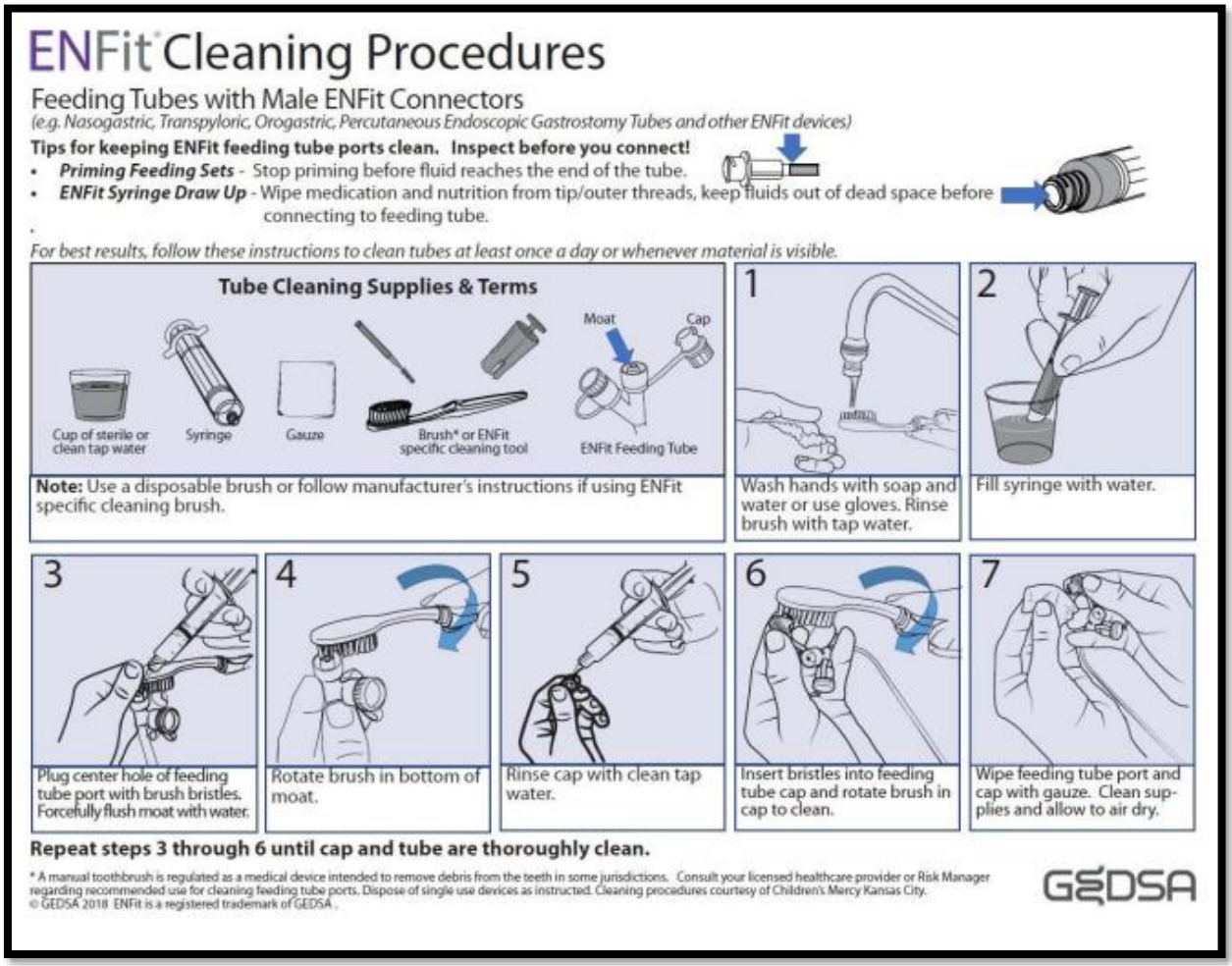
Appendix 1: Preparing and storing freshly boiled water

Factors	Requirements
Temperature:	• After boiling, let water cool to room temperature and then refrigerate. ○ Leave at room temperature for a short time only to prevent bacteria growth.
Container:	• A clean, airtight container with a tight seal is required. • Containers should be made of glass, BPA-free plastic or stainless steel.
Fridge:	• Fridge temperature should be at or below 4 degrees centigrade. • Containers must be stored in the main part of the fridge.
Time:	Boiled water has a shelf life. • Label containers with date and time of preparation. • If stored in an airtight container, boiled water can remain safe: ○ for about 3 days if kept in the fridge ○ for 24 hours if kept at room temperature and out of direct sunlight.
Environmental Factors:	• Perform hand hygiene prior to handling storage containers.

Appendix 2: Cleaning the ENFit® Connector

NB. Nurses to follow tips for keeping ENFit feeding tube ports clean.

Tubes are usually cleaned by parent/caregiver at home.



- **Note:** Non-sterile gloves and hand hygiene must be performed (and additional personal protective precautions as appropriate to the clinical situation)

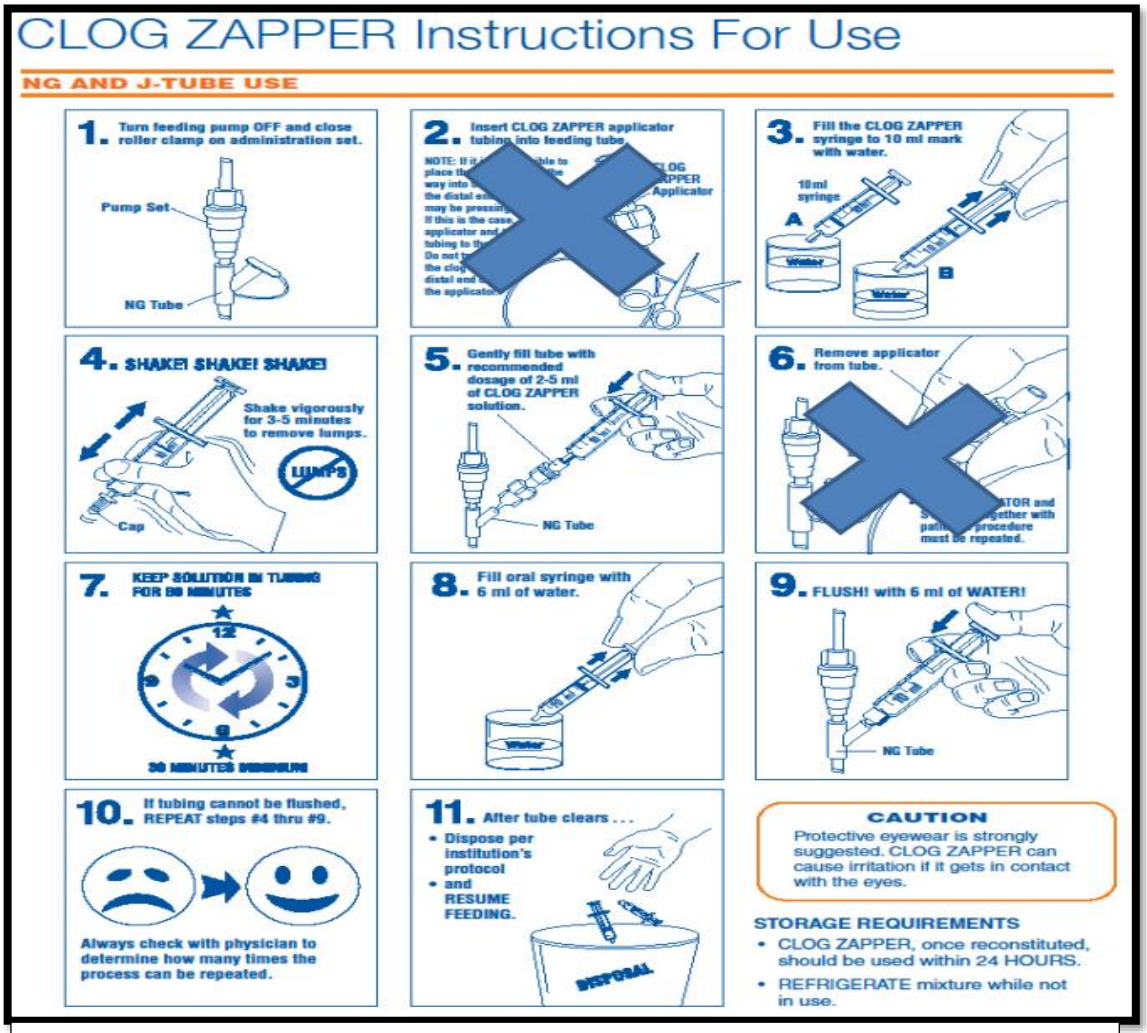
Appendix 3: Using Clog Zapper

This 'over the counter' medication does not require a prescription. The parent must provide the medication and record consent for its use on the student health care plan and Department of Education Form 9. See Medication Management in ESS.

Clog Zapper contains coconut[13]; the first dose is usually given in Emergency Department in case the child requires antihistamines for a coconut allergy.

NB: Ask parent if Clog Zapper has been used before and if any reactions occurred.

- The applicator and syringe connections are not compatible with ENFit®. Once reconstituted, transfer the solution to an enteral syringe before attaching this directly to the NJT.
- Leave solution in tube for 30 minutes, then attempt to flush the tube. If still blocked, wait another 30 minutes before reattempting. If unsuccessful after two attempts, contact parent to advise about the need for a medical review.
- Document administration as a PRN dose on CHS414 Medication Administration Chart, and record the reason for use and the outcome in client progress notes.



- **Note:** Non-sterile gloves and hand hygiene must be performed (and additional personal protective precautions as appropriate to the clinical situation)