

# ENTERAL

## MIC-KEY Transgastric Jejunal Feeding Tube

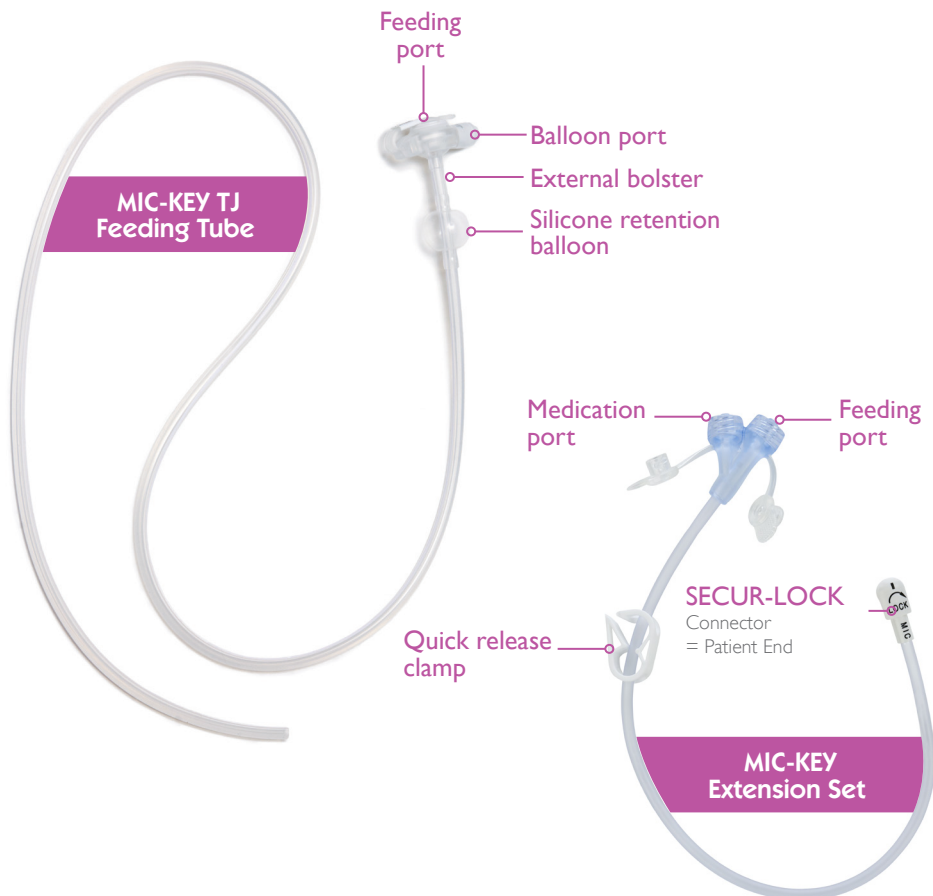
PATIENT GUIDE



# MIC-KEY TRANSGASTRIC JEJUNAL FEEDING TUBE

The MIC-KEY Transgastric Jejunal Feeding Tube is a single unit feeding device. It enters the stomach through a gastric stoma.

The tube is held in place (within the stoma tract) by means of an inflatable balloon and an external bolster. The external bolster contains a single feeding port labelled 'JEJUNAL' which is used for feeding into the small intestine. Inside the MIC-KEY feeding port is a valve which is opened by attaching the appropriate MIC-KEY Extension Set. A second port labelled BAL is used to inflate and deflate the balloon with a standard luer syringe.



# JEJUNAL FEEDING INSTRUCTIONS

## How to connect the MIC-KEY Extension Set

1. Open the feeding port cover located at the top of the MIC-KEY TJ Feeding Tube.
2. Insert the MIC-KEY Extension Set into the port labelled “Jejunal” by aligning the lock and key connector. Align the black orientation line on the extension set with the corresponding black orientation line on the jejunal feeding port.
3. Lock the set into the jejunal feeding port by pushing in and rotating the connector clockwise until a slight resistance is felt (approximately 1/4 turn). Do not rotate the connector past the stop point.
4. When feeding is complete, remove the extension set by rotating the connector counter-clockwise until the black line on the set aligns with the black line on the jejunal feeding port.
5. Remove the set and cap on the jejunal ports with the attached port cover.

## How to administer the feed

1. Assemble the equipment: formula, feeding set, 60mL ENFit syringe, enteral feeding pump, water for flushing the tube and extension set.
2. Wash your hands with soap and water. Rinse and dry them thoroughly.
3. Connect the MIC-KEY Extension Set to the jejunal port.  
Open the clamp on the extension set.
4. Using a 60mL syringe flush the tube with the recommended amount of water, as per your healthcare professionals advice.
5. Connect the MIC-KEY Extension Set to the feeding set.
6. If the feed set tubing has a clamp, open it.
7. Start the feeding pump.
8. Flush the jejunal port every six hours with at least 30mL water. or as instructed by your managing healthcare professional. Do not use force.
9. When the feed is complete, clamp the MIC-KEY Extension and disconnect the feeding set.
10. Attach 35mL ENFit (or larger) syringe, open the clamp and flush the feeding tube thoroughly.
11. Disconnect the extension set from the jejunal port.



**Caution** Never connect the jejunal port to suction. Do not measure residuals from the jejunal port. Do not administer medications through the jejunal feeding port unless advised to administer by this route by your managing healthcare professional. To help avoid clogging, use a feeding pump to deliver formula through the jejunal lumen. Never allow formula to stand in the tube.

# TUBE CARE & MAINTENANCE

## Balloon maintenance

Check the water volume in the balloon once a week. Insert a Luer slip syringe into the balloon inflation port and withdraw the fluid while holding the tube in place. Compare the amount of water in the syringe to the amount recommended or the amount initially prescribed and documented in the patient record. If the amount is less than recommended or prescribed, refill the balloon with the water initially removed, then draw up and add the amount needed to bring the balloon volume up to the recommended and prescribed amount of water.

**NOTE:** The use of a luer-lock syringe may make this more difficult. A luer-slip syringe is recommended.



**Caution** Never add more than 10mL to the balloon for all MIC-KEY TJ Feeding Tubes 14-18Fr.

## Tube blockage

Obstructions are usually caused by formula accumulation inside the tube. Body fluids and medications can also clog the tube. Prevent this by thoroughly flushing the feeding tube with water every 4 to 6 hours during continuous feeding, anytime the feeding is interrupted, or at least every 8 hours if the tube is not being used.

1. Make sure that the feeding tube is not kinked or clamped off.
2. If the clog is visible above the skin surface, gently massage or milk the tube between fingers to break up the clog.
3. Next, place an enteral feeding syringe filled with warm water into the appropriate Extension Set with ENFit Connections and gently pull back on then depress the plunger to dislodge the clog.
4. If the clog remains, repeat step #3. Gentle suction alternating with syringe pressure will relieve most obstructions.
5. If this fails, consult with a Physician. Do not use cranberry juice, cola drinks, meat tenderizer or chymotrypsin, as they can actually cause clogs or create adverse reactions in some patients. If the clog is stubborn and cannot be removed, the tube will have to be replaced.

High pressure can rupture the tube. Do not insert foreign objects into the tube. This may puncture the tube. If none of these measures work, call your healthcare professional.



**Caution** Do not rotate the tube. Jejunal tubes must not be rotated because they could kink or move. Should the tube become kinked, call your health care professional.

# DAILY CARE & MAINTENANCE CHECKLIST

## While the procedure site is initially healing

- Cleanse the site with normal saline three times daily to remove the small amount of mucus that normally accumulates around the stoma.

## Clean the procedure site (skin area surrounding feeding tube)

- After the stoma heals, a thorough cleansing with mild soap and water is best
- Use a circular motion moving from the tube outwards
- Clean sutures, external bolsters and any stabilizing devices using a cotton-tipped applicator
- Rinse thoroughly and dry well.

## Clean the external portion of the feeding tube

- Use warm water and mild soap being careful not to pull or manipulate the tube excessively
- Rinse thoroughly, dry well
- Do not rotate the external bolster. This may cause the tube to kink and possibly lose its intended position.

## Clean the jejunal, gastric and balloon ports

- Use a cotton-tipped applicator or soft cloth to remove all residual formula and medication.

## Verify placement of the external bolster

- Verify that the device rests comfortably 2 to 3mm above the skin.

## Consult a Physician if:

- The procedure site is uncharacteristically sore or painful, or if abdominal pain, discomfort, tenderness or distension occur.
- The appearance of the procedure site suggests signs of infection or if the procedure site is tender or distended.
- If you have abdominal pain, abdominal discomfort, abdominal tenderness, abdominal distension, dizziness or fainting, unexplained fever, unusual amount of bleeding through or around the tube.
- The procedure site appears to be leaking, oozing, bleeding or otherwise appears abnormal.
- The tube appears in any way damaged, broken or if you are concerned.
- Any damage to the tube or ports is evident or if leakage appears at the site of any of the ports.
- If the MIC-KEY T<sup>J</sup> Feeding Tube is too tight, is irritating or indenting into the skin.



# NATIONAL PATIENT SAFETY ALERTS (NPSA) GUIDELINES

## IMMEDIATE ACTION REQUIRED

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion.

The following signs require **IMMEDIATE** urgent medical attention:

- Pain during feeding (including medication delivery and water flushes)
- Any pain or distress after the procedure
- New bleeding from the procedure site
- Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions **MUST** be taken:

- Stop feeding/medication delivery immediately
- Seek immediate medical advice in order to be examined and the symptoms assessed immediately.

Contact your healthcare professional for further advice.





To be completed by the Ward Nurse or Dietitian responsible for your discharge patient

Name: \_\_\_\_\_

has been fitted with a MIC-KEY Transgastric Jejunal Feeding Tube.

Lot number: \_\_\_\_\_

Date of Insertion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Community Nurse informed: \_\_\_\_\_

## Type of feeding

Type of feed: \_\_\_\_\_

Continuous: \_\_\_\_\_ mL per hour over \_\_\_\_\_ hours

Flush with \_\_\_\_\_ mL of water pre and post feed and pre and post medication

Extra water flushes can be given as \_\_\_\_\_ mL every \_\_\_\_\_ hours

## Contact Details

Monday to Friday - 9am to 5pm

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

For urgent advice outside the hours stated above

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

**In an emergency: Ring 999 or go to your local Emergency Department.**

### For further information, please contact: [info@vygon.co.uk](mailto:info@vygon.co.uk)

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