

## 24. SKIN CARE/DISPLACEMENT OF JEJUNOSTOMY

**Ensure the patient has been given the NPSA (2010) Alert Advice regarding the first 72 hours post gastrostomy guidance (following initial placement).**

Due to increasing numbers and variations in manufacturers guidance, always check specific manufacturer's guidance for maintenance care of jejunostomy tube. The Nursing Service Team will be responsible for highlighting and confirming whether manufacturer guidance should be used or MDT care plan instructions following discussion with the managing healthcare professional.

When external sutures are used to secure a tube, request instructions on a MDT care plan for the advice on care to be given on the tube and sutures.

When local policy indicates stoma site dressings be applied during the first seven days of placement, follow local policy on the use of dressing for the stoma.

For patients with jejunostomy tubes (**this does not include Gastric Jejunal tubes or PEGJ**) the Nursing Service Team will advise to:

- Wash hands before and after any intervention (ref: policy no. 5). All healthcare workers must adhere to local infection control policies, including the use of PPE (NICE 2012)
- The exit site must be monitored daily for signs of inflammation, over granulation, infection, leakage & excoriation and pressure damage. Any of these symptoms must be reported to the managing healthcare professional immediately (NNNG 2013)
- Clean the skin daily around the stoma site and under the external fixation device (if applicable) with sterile water or normal saline using sterile gauze (that does not shed fibres) to remove excretions following the insertion procedure. This should continue daily for the first seven days post initial insertion (NNNG 2013)
- After seven days clean the skin around the site and under the external fixation device (if applicable) daily with non-perfumed hypoallergenic mild soap, sterile water or saline solution ensuring the area is dried thoroughly. NB: Where the patient is at high risk of infection or the quality of the tap water is of concern, it may be worth considering using cool boiled water for cleansing (NNNG 2013)
- Do not rotate the jejunostomy tube, refer to manufacturer guidance or MDT care plan for further instructions
- Observe the position of tube prior to use by confirming the position of the cm graduation markings where it exits the body (if applicable) or external length remains unchanged since initial insertion. Check if fixation dressings and/or sutures are intact. If the tube position has changed or securing dressing/sutures are loose or missing, then **DO NOT USE** the tube. The patient must contact the managing healthcare professional for instructions on how to proceed
- Avoid the use of creams or talcum powder on the tube site unless directed to do so by a healthcare professional
- Only apply a dressing as advised when clinically indicated.

The Nursing Service Team will advise that in the event of the jejunostomy tube coming out they should:

- Contact the managing healthcare professional immediately to facilitate a hospital admission for a tube replacement. A new tube needs to be inserted as soon as possible, as the stoma may start to heal within 20 minutes
- Place a clean dressing over the stoma site to prevent leakage

- A telephone call should precede the hospital visit and staff should be given the following information:
  - The patient is coming into hospital and needs to have their jejunostomy tube replaced, as soon as possible after arrival to avoid the stoma closing
  - What time the jejunostomy tube came out
  - What type of jejunostomy tube the patient has. It is advisable to take the old tube in a clean plastic bag to the hospital, so that staff can identify which type of tube is required

The Nursing Service Team will advise to contact the managing healthcare professional immediately if there is any reason that their medication or feed needs to be omitted or delayed due to no available route for administration (NHS England 2014).

#### **REFERENCES:**

NNNG (2013). Good Practice Consensus Guideline Exit Site Management for Gastrostomy Tubes in Adults and Children. National Nurses Nutrition Group.

NPSA (2010). Rapid Response Report NPSA/2010/RRR010: Early detection of complications after gastrostomy. National Patient Safety Agency.

NHS England (2014). Patient Safety Alert: Stage One: Warning. Minimising risk of omitted and delayed medicines for patients receiving homecare services 10 April 2014 Alert reference no. NHS/PSA/W/2014/007.

NICE (2012). Updated 2017 Healthcare-Associated Infections: Prevention and Control in Primary and Community Care. NICE Clinical Guidance (CG139). National Institute for Clinical Excellence  
[nice.org.uk/guidance/CG139](http://nice.org.uk/guidance/CG139) (Accessed May 2018).

#### **BIBLIOGRAPHY:**

CREST (2004). Guidelines for the management of enteral tube feeding in adults. Northern Ireland. Clinical Resource Efficiency Support Team.

BAPEN (2016). Management of Enteral Feeding.  
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