

Clinical Audit: The Use of Nasojejunal Feeding Tubes in Pancreatitis Patients



01. Introduction

Nasojunal (NJ) feeding is frequently used in hepatobiliary patients, particularly when gastric bypass or post-pancreatic feeding is required. It is crucial for conditions such as acute severe pancreatitis, delayed gastric emptying, and gastric outflow obstruction. Early nutritional support, ideally within 2-3 days, is essential in severe acute pancreatitis due to the catabolic nature of the disease. However, delays in initiating enteral or parenteral feeding are common. This audit evaluates the use of NJ feeding in pancreatitis patients, aiming to identify delays in tube insertion and feeding initiation to improve timely nutritional support.

02. Objective

To start enteral feeding 48 hours of resuscitation for the ultimate benefit, at which point normal oral diet (if tolerated) or enteral tube feeding should be commenced, aiming to reduce bacterial translocation which is associated with an increased risk of systemic infectious complications in severe acute pancreatitis.

NGT Vs NJT

The indication for which we use NJT not NGT is nausea and vomiting due to delayed gastric emptying (Digestive intolerance).

ESPEN guidelines for clinical nutrition in pancreatitis: Initiate enteral nutrition within 24-72 hours from admission.

03. Methodology

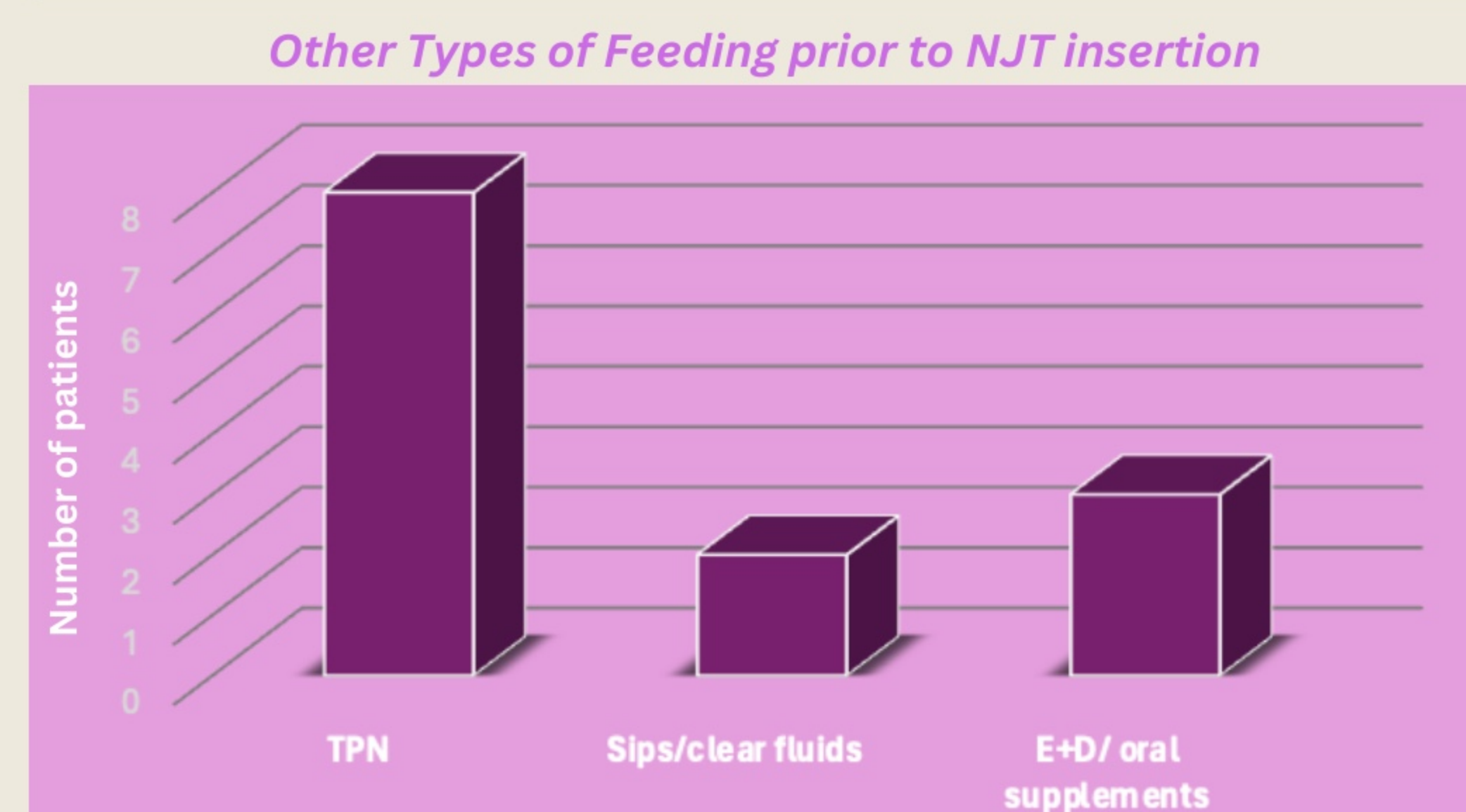
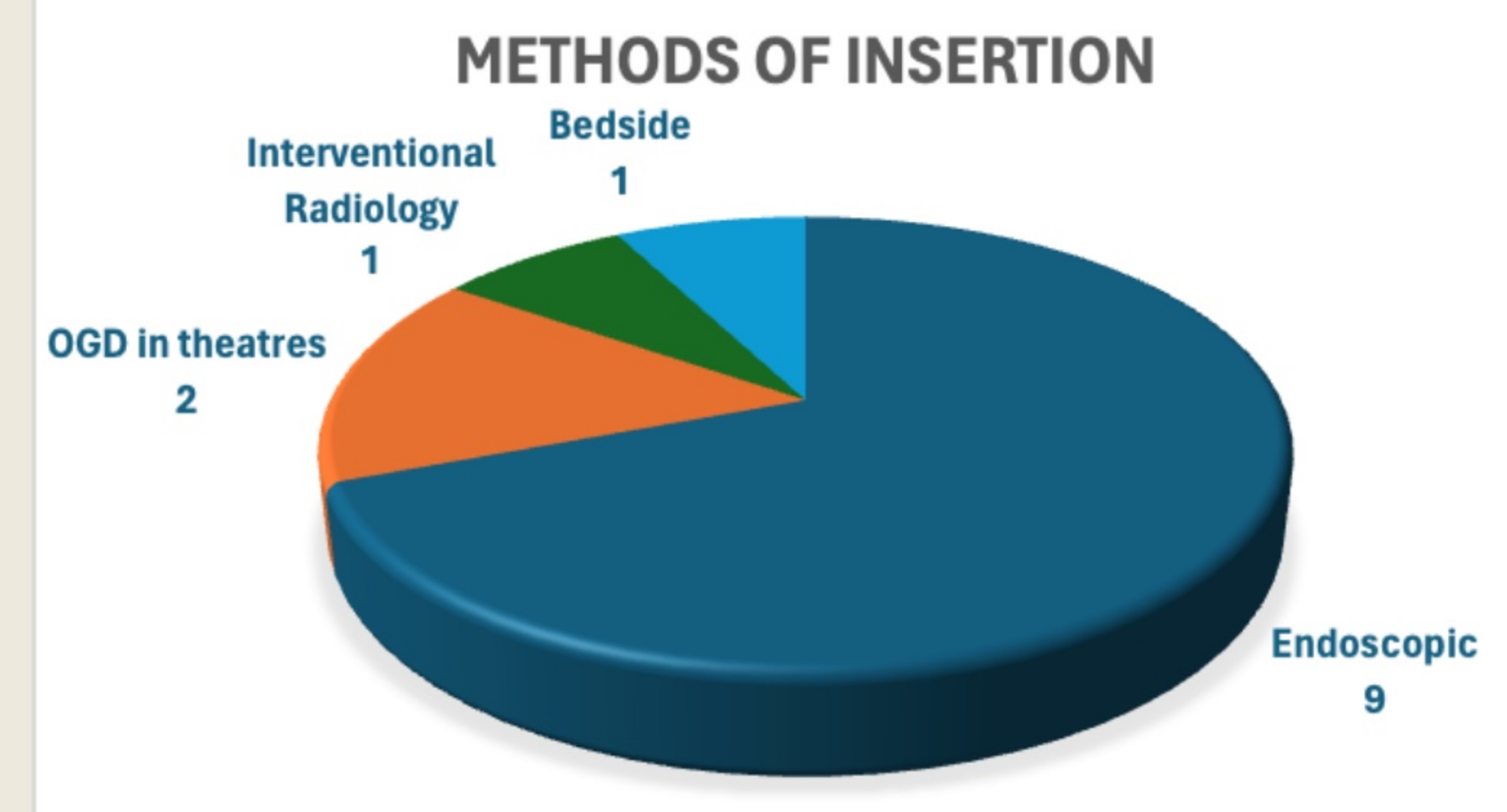
This retrospective study analyzed data from electronic patient records (Cerner) for pancreatitis patients receiving nasojejunal (NJ) feeding from August 1, 2023, to January 31, 2024.

Thirteen patients were included:

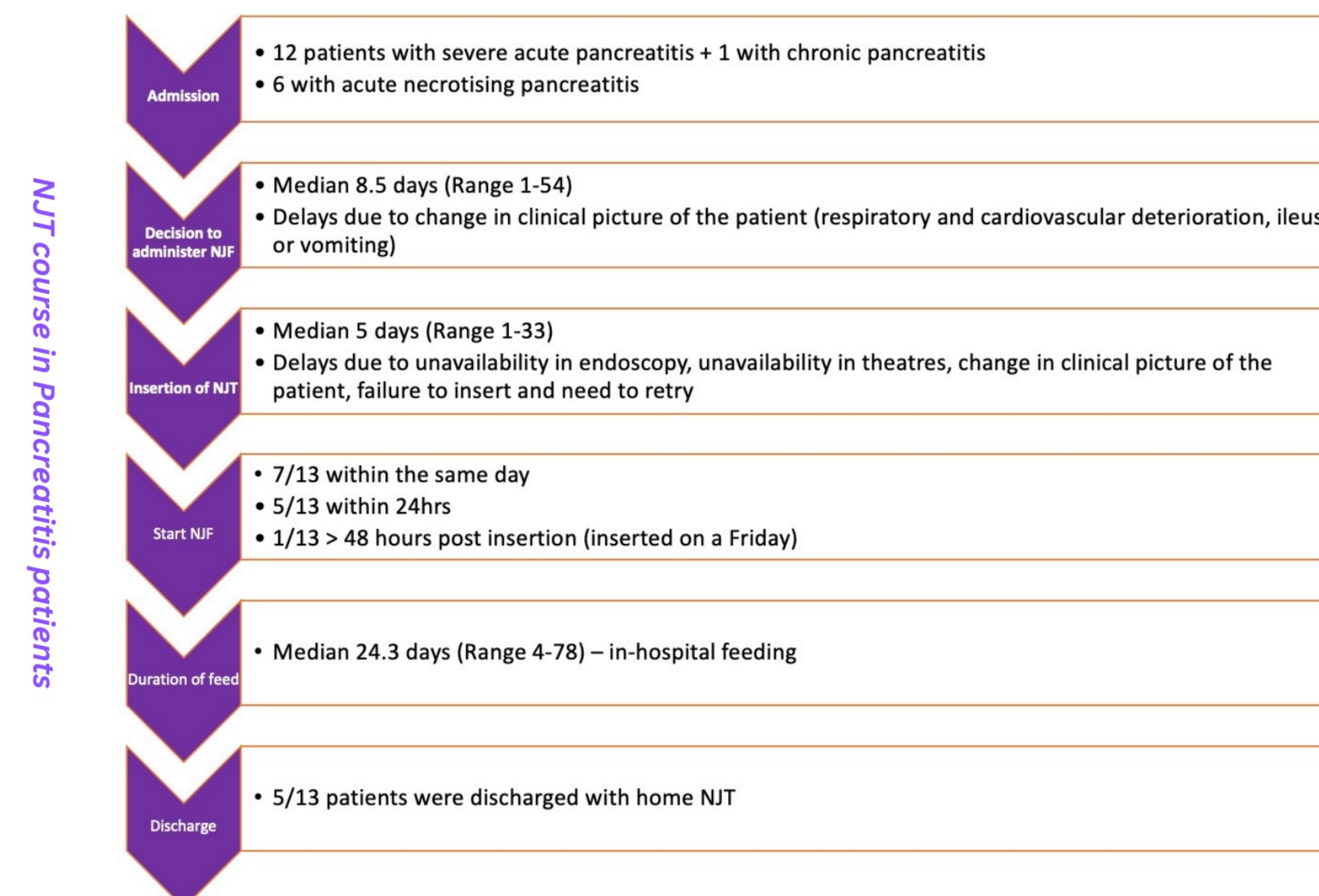
- 12 with acute severe pancreatitis (6 with necrotizing pancreatitis)
- 1 with chronic pancreatitis.

Data collected included demographics, time from NJT decision to insertion, method of insertion, radiological confirmation (AXR), complications, and duration of enteral feeding. Analysis was conducted using Microsoft Excel and compared with [ESPEN guidelines for clinical nutrition in pancreatitis](#).

04. Results/Findings



- Complications:
 - Dislodgement 4/13
- AXR post insertion to confirm placement:
 - 8/13
 - The 5/13 who did not have AXR post insertion had OGD insertion in theatres or endoscopy



05. Next Step

Delays in NJT insertion were primarily due to limited availability in Endoscopy and Interventional Radiology. To improve, we propose scheduling NJT placement within 48 hours of admission and coordinating with both departments to fixate one slot a week in each department (Monday and Thursday). A 2nd cycle audit will evaluate the effectiveness of these changes.

06. References

- Banks PA, Freeman ML; Practice Parameters Committee of the American College of Gastroenterology. Practice guidelines in acute pancreatitis.
- Am J Gastroenterol. 2006 Oct;101(10):2379-400. doi: 10.1111/j.1572-0241.2006.00856.x. PMID: 17032204.