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University Health Board

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N/A**

## **Insertion, Management And Removal Of The Nasal Bridle Fixation Device For Naso-Enteral Feeding Tubes In Adults Procedure**

### **Introduction and Aim**

The aim of the procedure is to minimise patient risk and harm caused by displacement or removal of naso-enteral feeding tubes by promoting safe, standardised use of a naso-enteral tube fixation device in patients in whom its use is deemed appropriate.

### **Objectives**

- To provide optimal nutrition
- To minimise patient discomfort by avoiding repeated insertions of naso-enteral tubes
- To avoid complications of multiple insertions of naso-enteral tubes
- To avoid unnecessary gastrostomy tube placement
- To promote safe use of the nasal bridle retaining device

### **Scope**

This procedure applies to all adult patients within the organisation who have been deemed to require a naso-enteral feeding tube fixation device.

### **Equality Impact Assessment**

An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the procedure found there to be no impact.

### **Documents to read alongside this Procedure**

Insertion of a nasogastric tube, confirmation of correct position and on-going care in adults, children and infants (not neonates) procedure

### **Approved by**

Nutrition and Catering Steering Group

### **Accountable Executive or Clinical Board Director**

Executive Director of Therapies

### **Author(s)**

Adult Nutrition Support Team

### **Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

| Version Number | Date of Review Approved | Date Published | Summary of Amendments  |
|----------------|-------------------------|----------------|--|
| 1              | N/A                     | 12/08/11       | New procedure  |
| 1              | N/A                     | 30/08/12       | Minor additions to section 6.2 and daily care record   |
| 1              | 18/09/2013              | 11/10/13       | Minor additions to section 4   |
| 2              | 14/12/2016              | 04/01/2017     | Minor amendments to section 6.1 due to changes in the manufacturer's instructions on how to secure the NG into bridle clip |
| 3              | 07/07/2020              | 09/07/2020     | Minor amendment to section 5 to include risk assessment for patients with abnormal coagulation results                     |
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**INSERTION, MANAGEMENT AND REMOVAL OF THE NASAL BRIDLE  
FIXATION DEVICE FOR NASO-ENTERAL FEEDING TUBES IN ADULTS  
PROCEDURE**

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## **1. Introduction**

This procedure describes the use of the nasal bridle tube retaining device for the fixation of naso-enteral feeding tubes. Accidental loss of naso-enteral tubes is a common problem and local experience confirms that this is the case in Cardiff and Vale University Health Board. This method of fixation reduces the incidence of accidental loss of naso-enteral tubes. However, use of the nasal bridle is associated with additional problems and complications. A standardised approach to the process will assist in reducing the risk of complications.

## **2. Aim**

To prevent inadvertent displacement or removal of naso-enteral feeding tubes by promoting safe, standardised use of a naso-enteral tube fixation device in patients in whom its use is deemed appropriate.

## **3. Objectives**

- 3.1** To provide optimal nutrition
- 3.2** To minimise patient discomfort by avoiding repeated insertions of naso-enteral tubes
- 3.3** To avoid complications of multiple insertions of naso-enteral tubes
- 3.4** To avoid unnecessary gastrostomy tube placement
- 3.5** To promote safe use of the nasal bridle tube retaining device

## **4. Scope of procedure and criteria for bridle insertion**

This procedure is intended to apply to all adult patients within the organisation who have been deemed to require a naso-enteral feeding tube fixation device.

The Nutrition Support Team is responsible for implementing the procedure. A small cohort of Specialist Doctors and Nurses who have been appropriately trained in this technique will be able to carry out the procedures. Individuals are responsible and accountable for their own actions when undertaking this clinical practice as part of their wider role (refer to section 9).

Artificial nutrition and use of nasal bridle fixation devices are associated with legal and ethical implications for practice. It is the responsibility of the clinical team responsible for the patient to ensure that due regard to legal and ethical

principles is considered as part of patient care. Decisions from discussions regarding legal and ethical implications must be appropriately recorded in the medical records.

Verbal consent must be obtained at an appropriate point of consultation with the patient whenever possible. Where verbal consent cannot be obtained, due regard to legal and ethical principles must be observed when making a best interests decision. Appropriate documentation must be entered into the patient's medical records.

Following a risk assessment by the Nutrition Nurse Specialist, a small number of patients may be suitable to be sent home for a short period of time, with an enteral feeding tube secured by a nasal bridle fixation device. The decision to send a patient into the community with an enteral feeding tube secured with a nasal bridle fixation device, must be a multi-disciplinary decision based on the clinical need of the individual patient.

#### **4.1 Criteria for bridle insertion includes:**

- Multiple displacements of naso-enteral tubes
- Difficult tube insertions requiring ENT assistance
- All endoscopically placed nasogastric or nasojejunal tubes

#### **5. Contra-indications**

This procedure should not be undertaken if the patient has:

- mechanical obstruction of the nasal airway
- facial fractures
- anterior cranial fractures
- severe clotting disorders

If a patient has abnormal coagulation then the Medical Team must risk assess the benefits of the bridle against the potential risk of bleeding and clearly document that they accept the risk in the medical notes before a bridle is inserted.

Caution must be exercised in patients with behavioural issues or agitation if they are likely to pull on the nasal bridle.

Potential complications of the nasal bridle include:

- epistaxis
- rhinitis
- sinusitis
- pressure sores

Incidence of these complications should be appropriately reported to the clinical team responsible for the patient in a timely manner in order to ensure appropriate clinical management of the patient. Due consideration should be given to recording adverse events on an incident form.

## 6.1 Procedure for the insertion of the nasal bridle

### Equipment

- Apron
- Non-sterile gloves
- Protective face mask or visor
- Nasogastric tube of appropriate size
- Nasal Bridle pack of appropriate size
- 20-50ml enteral syringe
- Glass of water
- Tissues
- Receiver
- Clean scissors

### Procedure

- Wash hands and assemble the equipment
- Prepare the patient for the procedure
- Screen the bed area
- Explain the procedure and rationale. Verbal consent must be obtained at an appropriate point of consultation with the patient whenever possible. Appropriate documentation must be entered into the patient's medical records
- Clean/clear nostrils and provide oral care
- Position the patient (semi-recumbent, head tilted slightly forward if patient's condition allows)
- Agree a signal to pause/stop the procedure if the patient experiences discomfort
- Put on apron, face mask and gloves
- Insert the fine bore nasogastric tube and confirm correct gastric position according to the Cardiff and Vale Local Health Board *Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing patient care in adults, children and infants (not neonates)* before placing the nasal bridle
- Lubricate both nasal bridle probes with lubricating gel

- Once the correct position of the nasogastric tube has been confirmed, insert the blue retrieving probe into the nostril until the first mark is at the bottom of the nostril
- Insert the bridle catheter into the opposite nostril. An audible click signifies contact between the magnets which may or may not be tactilely felt
- If necessary, gently move the retrieving probe from side to side and/or in and out to encourage contact between the magnets. If no contact has occurred then advance the bridle catheter and the retrieving probe to the second mark
- Once contact has occurred, remove the stylet completely from the bridle catheter
- Slowly withdraw the retrieving probe while allowing the bridle catheter to advance into the nose. Continue until only the cloth umbilical tape is in the nose
- Using scissors, cut the bridle catheter off the umbilical tape leaving only the tape in the nose. Dispose of both catheter tube and probe in accordance with correct waste management procedures
- Lay the feeding tube into the deep channel of the clip. The clip should be positioned just beyond the tip of the nose
- Fold the two halves of the clip together and press tightly until the clip snaps shut. Double click to verify clip is fully closed

**Note: The clip should only be re-opened by a trained bridle inserter**

- After the clip has been fully closed, tie the unsecured umbilical tape above the retention clip creating a simple knot. Then tie both tapes together securely below the retention clip using a series of knots. Tie the tapes around the tube to give extra security. The excess length of umbilical tape may then be trimmed as desired using scissors
- After placement note the clip and feeding tube position and document in the patient's notes
- Document the details of the nasogastric tube insertion and nasal bridle insertion in the patient's notes
- Dispose of all waste according to Cardiff and Vale Local Health Board waste management policies

## 6.2 Procedure for the maintenance of the nasal bridle

This must be undertaken daily to detect potential complications of the tube or nasal bridle including sinusitis, damage to the nose and tube migration

### Equipment

- Apron
- Non-sterile gloves

### Procedure

- Note the patient's bedside observations and laboratory results for signs of unexplained sepsis or infection
- Wash hands, put on apron and gloves
- Observe the face for swelling or discolouration
- Inspect the external nares for pressure sores or other damage
- Clean the external nares and the bridle with warm water
- Observe for the presence of purulent secretions from the nose or in the mouth or oropharynx
- Observe for any signs of tube migration. NB: The position of the nasogastric tube must be confirmed as per Cardiff and Vale Local Health Board procedure
- Document findings on daily care record sheet ( Appendix 2)

## 6.3 Procedure for the removal of the nasal bridle

The nasal bridle should be removed safely when it is no longer required

### Equipment

- Apron
- Non-sterile gloves
- Scissors

### Procedure

- Wash hands, put on apron and gloves
- Cut **one** side of the umbilical tape (between the nose and clip)
- Gently pull both the bridle and feeding tube out of the nose



- Dispose of all waste according Cardiff and Vale Local Health Board waste management policies

## **7. Responsibilities**

The Nutrition Support Team is responsible for implementing the procedure

A small cohort of Specialist Doctors and Nurses who have been appropriately trained in this technique will be able to carry out the procedures. Individuals are responsible and accountable for their own actions when undertaking this clinical practice as part of their wider role

## **8. Resources**

- 8.1** There are minimal resource implications associated with the implementation of this procedure. The Nutrition Support Team will supply the fixation device and cross charge the relevant department for the cost of the bridle

## **9. Training**

The Nutrition Support Team will provide training for a limited cohort of doctors and nurses in the insertion of nasal bridles where it is agreed between the Nutrition Support Team and relevant clinical directorate that training in the technique is beneficial. A competency package is available. It is the responsibility of individual clinical staff to ensure that they are competent to undertake this procedure unsupervised and to seek update training if they deem it to be necessary

It is anticipated that a minimum of two supervised training opportunities will be required before an individual can undertake this procedure unsupervised. The Nutrition Support Team will instruct the individual following 2 supervised insertions if additional training and assessment is required before they can practice unsupervised. The Nutrition Support Team will maintain a record of the individuals that they have trained and assessed. Update training and competence assessment must be considered if staff have not undertaken this procedure after an extended period of time

The Nutrition Nurse Specialists will monitor all nasal bridles inserted within the organisation and address any training issues with the cohort of trained inserters

## **10. Implementation and distribution**

The procedure is to be implemented immediately following ratification and will be distributed via the intranet

## **11. Equality Impact Assessment**

An equality impact assessment has been undertaken to assess the relevance of this policy to equality and potential impact on different groups, specifically in relation to the General Duty of Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 2005 and including other equality legislation. The assessment identified that the policy presented a low to medium risk to the organisation

## **12. Audit**

Audit forms will be completed by the clinician responsible for insertion

The Nutrition Support Team will collate the data and ensure it is presented in an appropriate forum

## **13. References**

Anderson MR, O'Connor M, Mayer P, O'Mahony D, Woodward J, Kane K. The nasal loop provides an alternative to percutaneous endoscopic gastrostomy in high-risk dysphagic stroke patients  
Clin Nutr. 2004 Aug; 23(4):501-6

Cardiff and Vale NHS Trust Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing patient care in adults, children and infants (not neonates) (2009)

Popovich MJ, Lockrem JD, Zivot JB. Nasal bridle revisited: an improvement in the technique to prevent unintentional removal of small-bore nasoenteric feeding tubes. Crit Care Med. 1996 Mar; 24(3):429-31

Mental Capacity Act 2005

## **14. Review**

This procedure will be reviewed every three years

| COMPETENCE DOCUMENT – Appendix 1  | Assessment Date 1 | Learner and Assessor Signature | Assessment Date 2 | Learner and Assessor Signature |
|---|-------------------|--------------------------------|-------------------|--------------------------------|
| <b>Assessment</b> <ul style="list-style-type: none"> <li>• Demonstrates an understanding of the normal anatomy and physiology of the nasopharynx</li> <li>• Demonstrates skill in making appropriate clinical decision for placement of the AMT™ nasal bridle</li> </ul>  |                   |                                |                   |                                |
| <b>Communication</b> <ul style="list-style-type: none"> <li>• Adequately explains procedure to the patient and gains their verbal consent</li> <li>• Demonstrates an understanding of the Mental Capacity Act and Best Interest's Decision</li> <li>• Demonstrates good communication skills with the multidisciplinary team</li> </ul>   |                   |                                |                   |                                |
| <b>Insertion</b> <ul style="list-style-type: none"> <li>• Demonstrates skill and has experience in placing fine bore nasogastric tubes as per Cardiff and Vale UHB procedure</li> <li>• Demonstrates an understanding of the procedure for placing the AMT™ nasal bridle</li> <li>• Demonstrates skill in placing the AMT™ bridle as per Cardiff and Vale UHB procedure. Documents the procedure in the patients notes</li> </ul> |                   |                                |                   |                                |
| <b>Maintenance</b> <ul style="list-style-type: none"> <li>• Understands the potential complications of an indwelling AMT™ nasal bridle</li> <li>• Demonstrates skill in assessing patient for signs of any complications</li> </ul>   |                   |                                |                   |                                |
| <b>Removal</b> <ul style="list-style-type: none"> <li>• Demonstrates skill in safely removing the AMT™ nasal bridle as per Cardiff and Vale UHB procedure. Documents the procedure in the patients notes</li> </ul>   |                   |                                |                   |                                |
| This member of staff (Name and Designation)_____ has been trained and assessed as competent in this procedure on (Date)_____ by (Name and Designation)_____   |                   |                                |                   |                                |

**Daily care record for Nasogastric feeding tube secured with nasal bridle****Tube size:****Insertion date: NG tube** \_\_\_\_\_ **Nasal Bridle** \_\_\_\_\_

| Date | Time | pH | Length at nose (cm) | Bridle check and nostrils cleaned | NG taped to cheek | Comments-problems identified i.e. red/sore nose, bleeding or pressure area | Signature or initial |
|------|------|----|---------------------|-----------------------------------|-------------------|--|----------------------|
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Note: Refer to the Cardiff and Vale UHB 'Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing care, in adults, children and infants. Contact the Nutrition Support Team on x46393 for further information.