GUIDELINES FOR THE INSERTION OF NASAL BRIDLE

Potential benefits: safe enteral feeding and security of enteral feeding tubes

INDICATIONS

1. Confused patients, where there is documented evidence in the nursing or medical notes of inadvertent displacement of the NG/NJ tube on more than 4 occasions in any 48 hour period.
2. Elective use to retain NG/NJ tubes which would be impossible to replace or when replacement would be a high risk, technically difficult procedure. Elective use in the confused patient who are 'stepping down' from ICU care to ward care.

CONTRAINDICATIONS

1. The patient refuses treatment.
2. The patient has severe trauma to the nose / face.
3. The patient has an International Normalised Ratio (INR) greater than 1.5
4. Patients with base of skull fracture
5. Patients with deviated nasal septum structural deformity of the nose,nasopharynx

LIMITATIONS TO PRACTICE

1. Failure to insert the nasal loop after 3 – 4 attempts, the procedure will be stopped and advice sought from the Nutrition Nurse.
2. If the patient becomes unreasonably distressed during insertion of the nasal loop, the procedure will be stopped but may be continued later if the patient allows.
3. If there any concerns regarding the NG/NJ tube or the use of a nasal bridle, seek advice from the Nutrition Nurse.
4. Seek advice from the medical team **before** the insertion of a nasal loop in patients who:
   - Take regular anticoagulant medication
   - Have a known clotting disorder
5. Enteral tube size 10 or 12 NGT can be bridled in, always use the correct clip size. **For surgical patients with wide bore NG tubes there are clips available to fit size 14 or 16 NGT.**

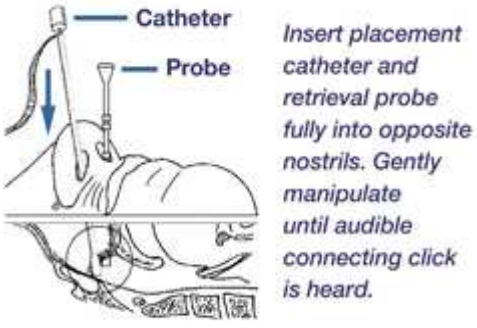
DOCUMENTATION AND CONSENT

1. Clinicians decision to use a nasal loop and reasons why must be documented in the patient's notes.
2. Although formal written consent is not required for minor procedures (see DoH 2001), verbal consent for the procedure should be obtained where possible and this should be documented in the patient's notes. If the patient is unable to give their consent, the registered practitioner **MUST** document in the patient's notes why they believe the procedure to be in the patients best interests.

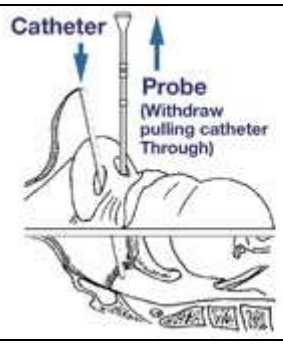
PROCEDURE

Please note that the bridle can be placed prior to the NGT insertion **OR** after the NGT has already been inserted and its position confirmed

- Lubricate the Proximal ends of both introducing probes and the umbilical tape.
- Insert the Retrieving probe two thirds of the way into the nostril.
- Insert the bridle catheter into the opposite nostril with the stylet in place to stiffen it.
- Gently manipulate the probes until contact between the two magnets at the end of the probes is made by hearing an audible click.

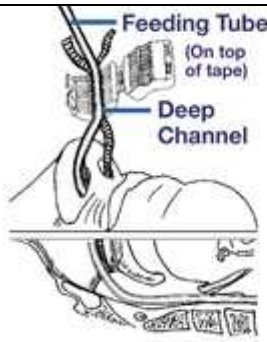


- If no contact has occurred , advance the bridle and retrieving probes to the second rib
- Once contact has occurred, remove the stylet completely from the catheter
- Slowly withdraw the retrieving probe while allowing the bridle catheter to advance into the nose. Continue until only the umbilical tape is in the nose
- Using Scissors cut the bridle catheter off the umbilical tape leaving only the tape left in the nose. Dispose of both the catheter tube and probe.



After magnets have connected at back of throat, slowly withdraw probe, pulling the catheter through until only a loop of secure tape remains.

- Select the correct size retaining clip for the feeding tube.
- Place the umbilical tape and the NGT in the deep channel of the clip.
- This should be positioned so that it just rests on the upper lip when released.
- Snap the two halves of the clip until it clicks. Verify that the clip has closed tightly.
- Then knot the ends of the tape together and trim any excess tape.



Using the loop of exposed secure tape, affix nasal tube with the appropriate size retaining clip – positioning clip as close to the nose as possible.

- Note the position of the NGT at either end of the bridle, and mark with indelible ink. Record in the patient's notes and monitors this regularly to use as a reference guide when checking for feeding tube migration

Firmly close retaining clip until it snaps shut. Tie off tape ends for added security, and trim the unnecessary excess.

Hygiene

Clean and dry the nasal bridle tape at least daily. This may be required to be done more frequently, especially if there are excessive secretions from the nose. The nasal mucosa should be frequently observed for signs of irritation or bleeding.

Removal

The bridle can stay in place fro the entire length of the duration of the feeding tubes useful life.

When removal is desired, cut one side of the umbilical tape (between the nose and the clip) and gently pull both the bridle and feeding tube out at the same time.

References/Bibliography

Department of Health (2001) Reference **guide to consent for examination or treatment.** April 2001 DoH, London
University Hospital Birmingham NHS Foundation Trust "Protocol for the Insertion of Nasal Loops by Registered Practitioners
Safe Practice for Insertion and Management of a Nasal Bridle to secure Nasogastric Tubes Lancashire Teaching Hospitals NHS Trust.

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