Guideline for insertion of a Nasal Bridle

Inadvertent removal of nasogastric (NG) or nasojejunal (NJ) feeding tubes results in interruption of nutrition. Additionally, it can cause patient distress on repeated reinsertion, increased sedation requirements to enable feeding tube tolerance, increased nursing burden and increased radiation exposure from repeated X rays to confirm tube position. Patients often wait longer for fluoroscopic or endoscopic replacement of NJ tubes, which is a more specialist and resource intensive procedure.
Nasal bridles help to secure feeding tubes in place and cost the unit £78 each but may contribute to decreased length of stay by avoiding the above issues. Around 12 % of all NGs require replacement in our units annually.

Indications

1. Confused patients where there is documented evidence of previous displacement of an NG tube on at least one occasion.
2. Tubes placed under surgical, fluoroscopic or endoscopic guidance (all NJ tubes).
3. Elective use to retain NG tubes which would be impossible to replace, or when replacement would be a high risk, technically difficult procedure.

Contraindications

1. Severe trauma to the nose or face
2. Base of skull fracture
3. Deviated nasal septum or structural deformity of the nose/nasopharynx
4. Nasal ulceration or pain
5. Recurrent epistaxis
6. Disordered coagulation, thrombocytopenia or systemic therapeutic anti-coagulation use (INR <1.5)
7. Failure to insert the nasal bridle after 3-4 attempts due to technical difficulties or undue patient distress
8. Refusal from a patient with mental capacity to do so
9. Patient agitation such that there is significant risk of pulling bridle out through septum and causing greater harm

Pre-procedure considerations

1. Is the patient appropriately sedated? Do the risks of over sedation outweigh the risks of insertion of a nasal bridle?
2. Has the patient's capacity been assessed? Do they need an Adults with Incapacity (AWI) form?
3. If the patient does have capacity, do they consent to the procedure?
4. Is the patient delirious (e.g. CAM-ICU positive)? Is the Delirium Tool appropriate?
5. Is the bridle the right size? Ward 116/118 have bridles to fit size 8Fr – 16Fr tubes. (NG and NJ will fit)
6. Is the operator confident in their ability to insert a nasal bridle or supervised by someone who is?

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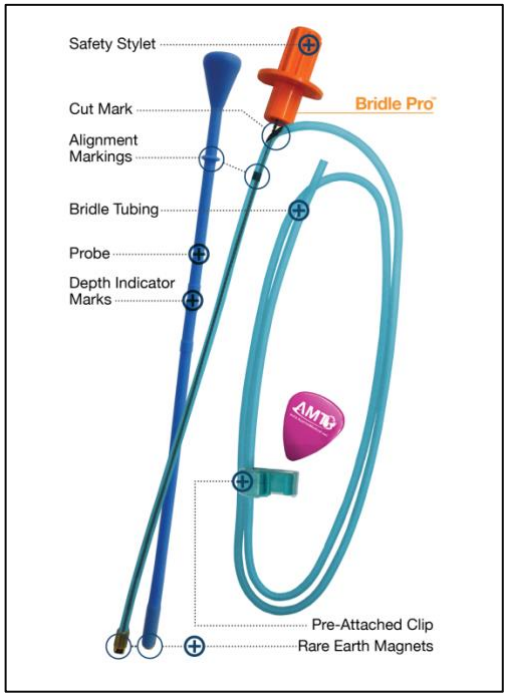

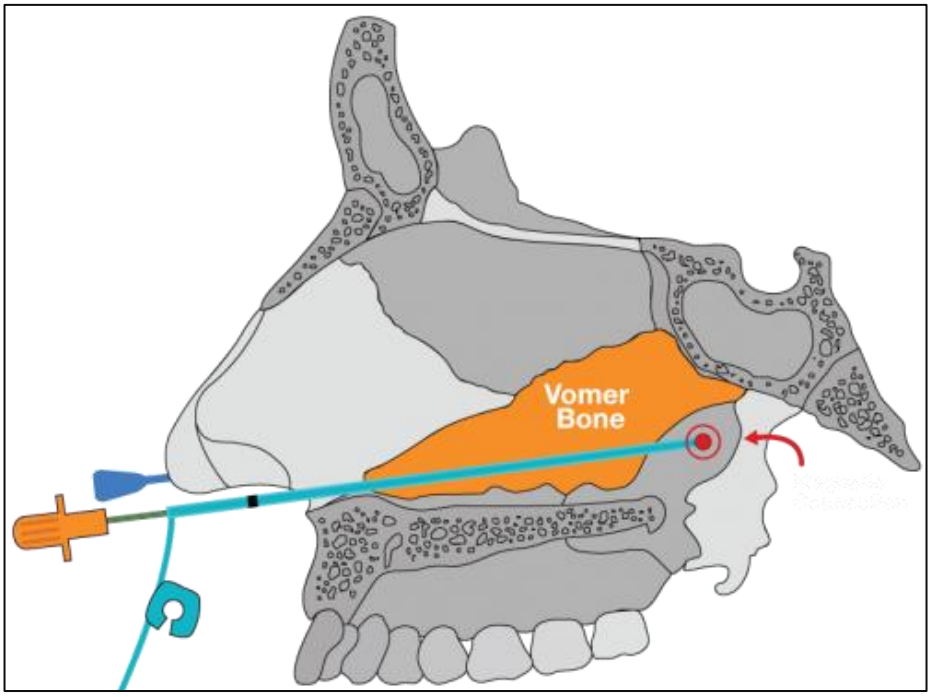

Procedure

Position the patient appropriately. Supine position is preferable.
Wash hands and wear gloves and apron.
Lubricate the proximal ends of the bridle catheter and retrieving probe. Insert the retrieving probe two thirds of the way into the nostril (2nd groove in tube), aiming straight down as in the above diagram. 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 is made by hearing an audible click
If no contact has occurred, advance the bridle and retrieving probe
Once contact has occurred, remove the stylet completely from the catheter Slowly withdraw the receiving 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 in the nose
Place the umbilical tape and feeding tube in the deep channel of the retaining clip. This should be placed so that it just rests on the upper lip when released. Snap the two halves of the clip together until it clicks. Knot the ends of the tape together around the feeding tube and trim any excess tape.

Post-procedure

1. Check position of NG tube with chest X ray and document using the Trak short-code \icung (or ICCA).
2. Document procedure in patient notes.
3. If the tube is removed and the bridle remains in place, the bridle clip can be opened using the opening tool (plectrum) and the tube replaced.
4. To remove the bridle, cut one strand of the tape and gently pull the bridle and feeding tube out of the nose. Do not let go of the bridle once you have cut the tape until removed from both nostrils.
5. The bridal can remain as long as the NG is required, to remove simply cut the ties on the inside of the bridal and remove with the NG as it comes out.

References

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7325339/

Insertion of nasal bridles in critical care

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