

# Nasal Bridle: Nasogastric Tube Securement Device

## Site Applicability

### VCH:

- **Coastal:** Lions Gate Hospital (LGH): Intensive Care Unit (ICU), High Acuity Unit (HAU), Neuro Critical Care Unit (NCCU), Acute Care Areas, Sechelt (SSH) Acute care areas, and Qathet Critical Care
- **Richmond:** ICU, HAU
- **Vancouver Acute:** ICU, Burn Trauma High acuity, Acute Care Areas

### PHC:

- Acute Care Areas

## Practice Level

Profession	Basic	Basic Skill (with Additional Education)
Registered Nurse (RN)	<ul style="list-style-type: none"> <li>• Assessment of site and care</li> </ul>	<p><b>Insertion:</b></p> <ul style="list-style-type: none"> <li>• Initial education on insertion by unit Nurse Educator or Applied Medical Net (AMT) <a href="#">Nasal Bridle</a> Representative.</li> <li>• Annual review of the guideline and <a href="#">YouTube video</a> required.</li> <li>• Insertion of AMT Nasal Bridle must be signed off from the unit Nurse Educator or peer mentor after first successful insertion. <ul style="list-style-type: none"> <li>○ Please complete Competency Validation Sign-off Document* after unit Nurse Educator or Representative sign off (see <a href="#">Appendix A</a>).</li> </ul> </li> </ul> <p><b>Removal:</b></p> <ul style="list-style-type: none"> <li>• Must review DST prior to removing nasal bridle</li> </ul>
Registered Psychiatric Nurse (RPN) and Licensed Practical Nurse (LPN)	<ul style="list-style-type: none"> <li>• Assessment of site and care</li> </ul>	

\*This document is specific to the AMT Bridle Pro; this Validation Sign-off can be used for the AMT Bridle Standard as insertion, indications, and removal are the same, except the PRO uses blue tubing instead of white umbilical tape.

## Requirements

- A provider's order is required for nasal bridle insertion.
- Provide a [culturally competent](#) and [trauma-informed](#) explanation of the procedure, understanding that this intervention involves patient vulnerability and can cause the patient discomfort. The patient may request further discussion and understanding of the purpose, procedure, and side effects. Refer to the [Related Documents](#) for health authority specific decision support tools for guidance.
- Assess for pain and need for pain management as needed.

## Need to Know

- The AMT Nasal Bridle comes in different sizes. Ensure the correct size for the small bore feeding tube in place is used. (See [Appendix B](#)).
- The AMT Nasal Bridle could be considered for 8Fr NAVA catheters. Please consult Respiratory Therapist (RT) before proceeding.
- AMT Nasal Bridle 14Fr, 16Fr, and 18 Fr clips with specially designed openings, can accommodate small and large bore nasal tubes, including Salem Sump (See [Appendix B](#)).
- The AMT Nasal Bridle Pro uses **blue** monofilament tubing, and the AMT Nasal Bridle Standard uses **white** umbilical tape (See [Appendix C](#)).
- Identify the [patient](#) with a nasogastric tube insitu (nasogastric [NG], nasoduodenal [ND], or nasojejunal [NJ]) and clinical indication for use.
- The AMT Nasal Bridle (Pro or Standard) may remain in place for up to 30 days of continuous use.
- The AMT Nasal Bridle packaging has a clip-opening device resembling a guitar pick. This device opens the AMT Nasal Bridle clip for any readjustments. Please ensure that this device is always at the patient's bedside and, when applicable, transferred with the patient.
  - Please follow unit identified standard procedure for the storage of the clip opener.
  - Clip opener should be stored in a small transparent bag with a patient label on the outside and stored in a safe place, including, but not limited to:
    - Above the patient's head of bed
    - In the patient's bedside chart
    - Attached to the feeding pump
- When patients pull on a nasogastric tube secured with an AMT Nasal Bridle, they create pressure on the [vomer bone](#) located at the back of the nasal septum, which causes discomfort. This deters most patients from pulling further on the tube. However, some patients may continue to pull, and they may be able to dislodge the tube. Pulling on the tube causes the outside diameter of the feeding tube to narrow and slip through the clip. This occurs before damage to the vomer bone at the back of the nasal septum occurs.
- Insert the AMT Nasal Bridle after nasogastric tube placement confirmation and the nasogastric stylet is removed.
  - The magnets used for placement of the AMT Nasal Bridle can stick to the stylet and cause difficulty with insertion of the nasal bridle.

- For patients expected to have long- term feeding tubes, still consider Percutaneous Endoscopic Gastrostomy (PEG) tubes.

**Clinical Indications:**

- Recurrent nasoenteric tube dislodgement
- Confused and/or agitated patients
- Fluoroscopically or endoscopically placed nasoenteric tube (e.g. post-pyloric tube, NasoJejunal (NJ) tube)
- History of difficult nasoenteric tube placement
- Patients with facial burns with nasoenteric tube
- Oily skin causing decreased adhesion of traditional securement devices

**Contraindications:**

- Facial or cranial fractures
- Facial trauma with nasal (vomer) bone involvement
- Basilar skull fractures
- Recurrent epistaxis
- Coagulopathy
- Nasal ulceration
- Nasal pain
- Nasal airway obstructions or severe abnormalities

**Equipment and Supplies****Insertion:**

- Personal protective equipment (PPE)
- AMT Nasal Bridle Pro or AMT Nasal Bridle Standard package (includes lubricating jelly)
- Tissues
- Scissors
- Tape or Steri-strip

**Removal:**

- PPE
- Scissors
- Clip-opening device (looks like a guitar pick)

## Procedure

Refer to [Elsevier](#) for securement and removal guidance.

### Ongoing Assessment & Management

Please refer to the [AMT Bridle Youtube Video](#) and [Placement Reference Guide](#) for further details.

1. Inspect the clip or clamp for signs of damage or loose attachment to the nasoenteric tube. If the clip or clamp is damaged, assess the need and replace it with a new AMT Nasal Bridle.
2. Monitor the clip or clamp and nasoenteric tube position regularly (every shift and PRN) for tube migration. The clip can be re-opened using the clip-opening device (guitar pick) by sliding it into the groove and turning slightly to open it (see [Appendix C](#)).
3. Clip-opening devices are patient-specific. If this is misplaced, please refer to the unit training kit for an extra one until the original can be identified (see [Appendix C](#)).
4. Monitor nares for skin breakdown from blue tubing or white umbilical tape. Position the tube so the blue tubing (Pro) or white umbilical tape (Standard) is away from the sides of the nares.
  - Minor irritation of the nasal mucosa heals rapidly when the AMT Nasal Bridle and nasoenteric tube are removed.
  - Barrier cream or petroleum jelly can be applied to the nares to protect against breakdown.
5. The manufacturer recommends changing the AMT Nasal Bridle Pro or Standard after 30 days of continuous use.

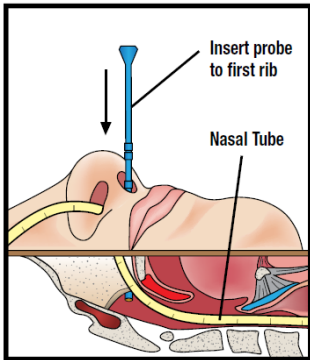
### Insertion:

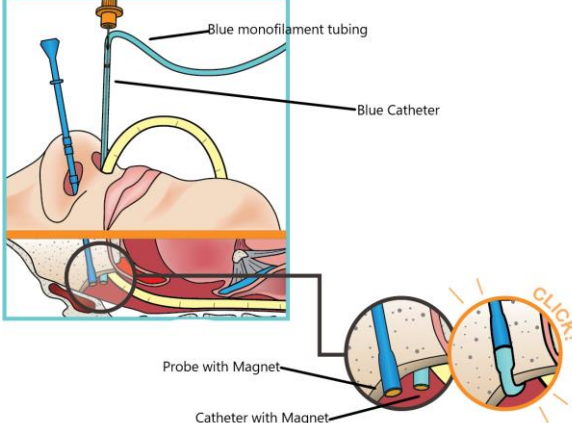
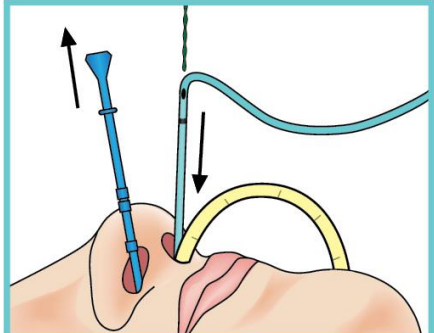
#### Prior to insertion:

1. Review the patient's medical record, including medical history, current medications, and recent laboratory results, to determine whether any [contraindications](#) are present or precautions should be considered. Consult with the practitioner accordingly. **Note:** In reviewing the patient's medical history, review for any indication that a nasal airway obstruction or abnormality is present.
2. Perform hand hygiene before patient contact. Don appropriate PPE based on the patient's need for isolation precautions or the risk of exposure to bodily fluids.
3. Introduce yourself to the patient.
4. Verify the correct patient using two identifiers.
5. Sedation is not required to insert an AMT Nasal Bridle; however, assess the patient for pain, discomfort, and/or agitation and treat the patient accordingly.
6. Assess the patient for evidence of facial, nasal, or anterior cranial fractures or a basilar skull fracture.
7. Inspect the patient's nares to ensure that adequate bone exists in the posterior septum to support the AMT Nasal Bridle.
8. Remove gloves and perform hand hygiene.
9. Select the [appropriate-size AMT Nasal Bridle](#).

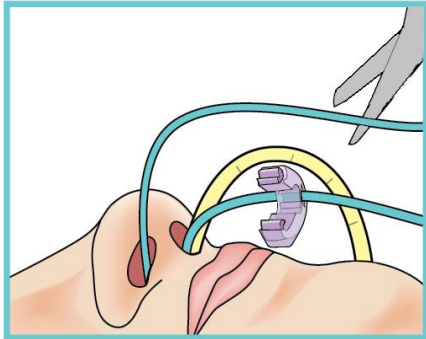
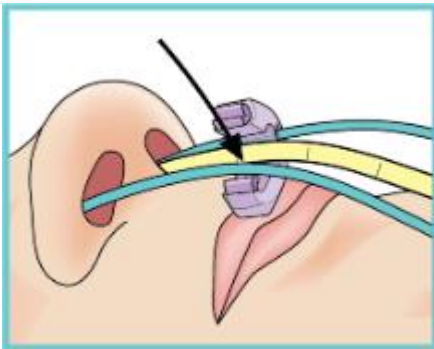
Refer to manufacturer-specific information for insertion. For AMT Nasal Bridle Pro or Standard, refer to the [Placement Reference Guide](#), [Nasal Bridle Standard Directions for Use](#), [Nasal Bridle Pro Directions for Use](#), and/or [AMT Nasal Bridle YouTube](#) video

Insertion steps specific to the AMT Nasal Bridle Pro and Standard are as follows:

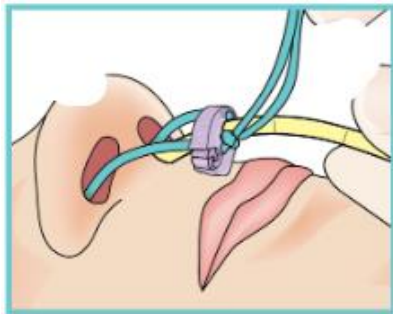
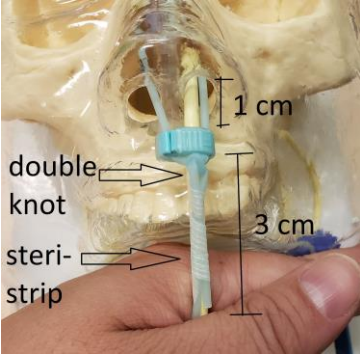
Step	Rationale/Image
1. Don PPE as required. Verify order. Confirm correct patient using two (2) patient identifiers.	
2. It is recommended to place patient supine as tolerated. Refer to <a href="#">Appendix B</a> for manufacturer's placement guide.	
3. Open AMT Nasal Bridle packaging. Assess that the magnets are securely embedded in the probe and the catheter.	Magnet detachment is a rare complication. Ensuring that the magnets are secured and that the patient is calm can minimize the risk of magnet detachment.
4. Lubricate probe, catheter and blue monofilament tubing (optional for AMT Nasal Bridle Pro and <b>required</b> for the AMT Nasal Bridle Standard).	Lubrication can aid in insertion and patient comfort.
5. Insert blue <b>probe</b> in nostril opposite to nasoenteric tube parallel to the nasal floor. Insert until first rib is at the opening of the nostril. Adjust depth of probe insertion for smaller patients	 <p>(AMT inc., 2023)</p> <p>Insertion parallel to the nasal floor can minimize epistaxis and is more likely a smoother passage.</p>

Step	Rationale/Image
<p>6. Insert the blue or white <b>catheter</b> into the opposite nostril along the nostril floor.</p> <p>Insert until the black marking on the blue or white catheter is at approximately the same depth as the final large rib of the blue probe.</p> <p>Pull back on stylet 1 cm to render the blue catheter more flexible.</p>	 <p>(AMT inc., 2023)</p>
<p>7. Adjust until the magnet connects. The magnet “click” should be heard or felt. To confirm connection, gently move only the probe up and down to see if the catheter is moving correspondingly.</p> <p>If necessary, gently twist both probe and catheter from side to side and slide both up and down until magnet contact is made.</p>	
<p>8. Once contact has been made, completely remove the orange stylet.</p>	
<p>9. Slowly withdraw the blue probe and allow the blue monofilament tubing or white umbilical tape to advance through the nose. This creates a loop around the vomer bone. Continue until the two black markings on the blue tubing or white umbilical tape come out a few inches of the opposite nostril.</p>	 <p>(AMT inc., 2023)</p>



Step	Rationale/Image
10. Cut the blue monofilament tubing or white umbilical tape proximal to the two black markings. Dispose of stylet and blue probe.	 (AMT inc., 2023)
11. Wipe away all lubricating jelly or nasal secretions from nasoenteric tube and AMT Nasal Bridle device.	Lubrication can cause the nasoenteric tube to slide out easier.
12. With caution, position the AMT Nasal Bridle clip about 0.5 cm from the nostril then place the nasoenteric tube into the clip's groove.	Do not place the clip close to the naris (causes skin irritation or ulceration), or so far away that the patient can get a finger between the clip and the naris and pull on the tube.
13. Place the blue monofilament tubing or white umbilical tape in the clip's wing.	 (AMT inc., 2023)
14. Close the clip firmly. Gently pull on the blue monofilament tubing or white umbilical tape, holding the nasoenteric tube in place to verify the clip is closed.	



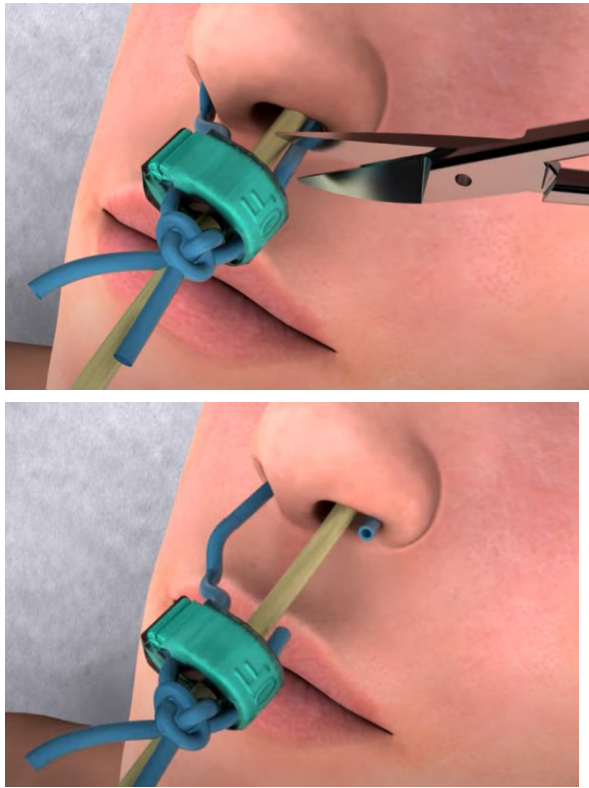
<p>15. After the clip is closed, tie both strands of blue tubing or white umbilical tape together in a simple knot <b>above</b> the nasoenteric tube so the knot is visible. Repeat two (2) to three (3) times.</p>	<p>Do not tie the knots around the nasoenteric tube.</p>  <p>(AMT inc., 2023)</p>
<p>16. Cut excess blue tubing or white umbilical tape, leaving up to three (3) cm of tubing to each strand. Use Steri-strip or tape to adhere the remaining strands to the nasoenteric tube. <b>Note:</b> Excess tubing or umbilical tape may cause lip and skin irritation.</p>	 <p>Leave 3 cm of tubing allow for adjustment if needed.</p> <p>Tape down the strands prevent skin/face/lips irritation.</p>
<p>17. Document the insertion and patient response to the procedure (<a href="#">Appendix D</a>).</p>	

### Removal Steps

1. Perform hand hygiene and don gloves. Don additional PPE based on the patient's need for isolation precautions or the risk of exposure to bodily fluids.
  - Wearing a mask and appropriate eyewear is recommended as patient may sneeze during the removal process.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Explain the procedure and ensure that the patient agrees to treatment.
5. Remove the nasal bridle according to the manufacturer's instructions ([AMT Pro](#); [AMT Standard](#)). Do not let go of the tape or tubing as it can easily slide back into the naris and be inadvertently swallowed.
6. Discard supplies, remove PPE, and perform hand hygiene.
7. Document the procedure in the patient's record (refer to [documentation](#)).



**Removal steps specific to the AMT Bridle Pro and Standard are as follows:**

<p>1. Don PPE and turn off feeds. Disconnect the feeding bag connection and Lopez valve.</p>	
<p>2a. Remove <b>both</b> the AMT Nasal Bridle and nasoenteric tube by cutting the strand of blue tubing (Pro) or white umbilical tape (Standard) on the opposite nare of the feeding tube and gently removing the nasoenteric tube with AMT Nasal Bridle clip still attached.</p> <p><b>*Note:</b> Do <b>NOT</b> cut both strands as this will leave a piece of blue monofilament or white umbilical tape in the nasal canal.</p> <p>2b. To remove the AMT Nasal Bridle <b>only</b> cut <b>one</b> strand of blue tubing (Pro) or white string (Standard). Use the clip-opening device (guitar pick) by sliding it into the groove and turning slightly to open and manually remove the clip. Use scissors to cut excess blue tubing or white tape. The clip and securement string and tubing should then be easy to remove.</p>	 <p>(AMT inc., 2023)</p>
<p>3. Document removal and patient response to the procedure.</p>	

**Documentation**

- Add a dynamic group under **Devices**.
  - Under Gastrointestinal Tubes, add a dynamic group specific to your nasoenteric tube, including size and type (small or large bore)
  - If nasal bridle information is not auto-populated:
    - Click customize view
    - Search bridle
    - Select **“Bridle/Staple Done by”** to add this to your view
- Chart nasal bridle under **External Securement Type**
  - Select **bridle** from the drop-down menu (See [Appendix D](#))

<b>Insertion:</b>	<ul style="list-style-type: none"> <li>• Patient response to insertion</li> <li>• Reason for insertion</li> <li>• Placement of clip-opening device (guitar pick)</li> <li>• Skin condition</li> <li>• See <a href="#">Appendix D</a></li> </ul>
<b>Ongoing Care:</b>	<ul style="list-style-type: none"> <li>• Skin condition of nares and nose</li> <li>• Chart bleeding, skin breakdown or skin condition under <b>Site Condition</b> within the dynamic group</li> </ul>
<b>Removal:</b>	<ul style="list-style-type: none"> <li>• Patient response to removal</li> <li>• Is <b>blue</b> tubing (Pro) or <b>white</b> umbilical tape (Standard) intact</li> <li>• Reason for removal: required as per manufacturer instructions or NG tube removed</li> </ul>

### Patient and Family Education

- Explain the procedure and purpose of the nasal bridle to the patient and [family](#).
- Provide the patient and family with an explanation of the equipment and procedure.
- Instruct the patient not to pull or tug on the nasoenteric tube
- Explain to the patient and family that pulling or tugging on the nasoenteric tube results in discomfort for the patient

### Related Documents

- [Elsevier Feeding Tube: Nasal Bridle Securement Device Insertion and Removal](#)
- [Cultural Competency and Responsiveness](#)
- [Indigenous Cultural Safety](#)

### Manufacturer-Related Resources:

- [AMT Nasal Bridle Pro Video](#)
- [AMT Nasal Bridle Introduction Video](#)
- [AMT Nasal Bridle Standard Directions for Use](#)
- [AMT Nasal Bridle Pro Directions for Use](#)
- [AMT Nasal Bridle Benefits and Sizes](#)

### References

1. Aeberhardt LE, Bains, VK, Desai, S (2022). Safety and effectiveness of the nasal bridle securement device to retain feeding tubes in adult patients in the intensive care unit: an observational study. *Nutrition in Clinical Practice*, 1-16, <https://doi.org/10.1002/ncp.10897>
2. Allan, K., Taylor, S., Clemente, R., & Toher, D. (2019). Observation of inadvertent tube loss in ICU: effect of nasal bridles. *British Journal of Nursing*, 28(18), 1170–1174. <https://doi.org/10.12968/bjon.2019.28.18.1170>
3. Applied Medical Technology, Inc. Quick Reference Guide for the AMT Bridle Pro System. Retrieved from <https://www.appliedmedical.net/enteral/bridle/>.
4. Applied Medical Technology, Inc. (2021). AMT Bridle™ Standard- Directions, Indications, &

- Contraindications for Use. Retrieved February 14, 2023, from [https://www.appliedmedical.net/wp-content/uploads/2021/04/Bridle-Standard-DFU\\_C-4626-C.pdf](https://www.appliedmedical.net/wp-content/uploads/2021/04/Bridle-Standard-DFU_C-4626-C.pdf)
5. Applied Medical Technology, Inc. (2021). AMT Bridle™ PRO- Directions, Indications, & Contraindications for Use. Retrieved February 14, 2023, from [https://www.appliedmedical.net/wp-content/uploads/2021/10/bridle\\_pro\\_c4614e.pdf](https://www.appliedmedical.net/wp-content/uploads/2021/10/bridle_pro_c4614e.pdf)
  6. Applied Medical Technology, Inc. (AMT Inc.) (2023). AMT Bridle Family of Nasal Tube Retaining Systems- PEDIATRIC + ADULT. Retrieved July 4<sup>th</sup>, 2023, from <https://www.appliedmedical.net/enteral/bridle/?gclid=Cj0KCQjwho-IBhC ARIsAMpgMod9xboOCgSkj4ReFe GoPJdOUo0wE9-Q7Yt2L5jZOiWl ni9nlWRXQaAoe5EALw wCB>
  7. Feeding Tube: Nasal Bridle Securement Device Insertion and Removal. Mosby's Nursing Skills (2015). St. Louis, MO. Elsevier. Retrieved 10 June 2023 from [https://point-of-care.elsevierperformancemanager.com/skills/14814/quick-sheet?skillId=CCMS\\_158&virtualname=vancouvercoastalhealth](https://point-of-care.elsevierperformancemanager.com/skills/14814/quick-sheet?skillId=CCMS_158&virtualname=vancouvercoastalhealth)
  8. Gurram K: Nasal Bridle: Married to Your Tube. *Practical Gastroenterology January 2011*
  9. Hackney, G. L. (2022). *Feeding Tube: Nasal Bridle Securement Device Insertion and Removal - CE*. Elsevier. [https://point-of-care.elsevierperformancemanager.com/skills/14814/quick-sheet?skillId=CCMS\\_158&virtualname=vancouvercoastalhealth](https://point-of-care.elsevierperformancemanager.com/skills/14814/quick-sheet?skillId=CCMS_158&virtualname=vancouvercoastalhealth)
  10. Inayat, F., Ur Rahman, A., Almas, T., Zahid, E., & Zervos, X. (2020). Nasal Bridles for Securing Nasoenteric Feeding Tubes: A Review of Clinical Effectiveness and Potential Complications. *Cureus*, 12(5), e8325. <https://doi.org/10.7759/cureus.8325>
  11. Niddam Sánchez, R. A., Ashbaugh Enguíanos, R., Bernal Álvarez, M., & Álvarez Hernández, J. (2022). Evaluation of the use of nasal bridle in clinical practice. *Nutrición Hospitalaria : Organo Oficial de La Sociedad Española de Nutrición Parenteral y Enteral*, 39(5), 962–970. <https://doi.org/10.20960/nh.03781>
  12. Taylor, S. J., Allan, K., Clemente, R., Marsh, A., & Toher, D. (2018). Feeding tube securement in critical illness: implications for safety. *British Journal of Nursing*, 27(18), 1036–1041. <https://doi.org/10.12968/bjon.2018.27.18.1036>

## Definitions

**Patient:** refers to an individual receiving health care within Vancouver Coastal Health or Providence Health Care, interchangeable with client or resident.

**Nasal Bridle:** is a securement method to discourage patients, from pediatrics to adults, from pulling on their nasal tubes.

**Vomer Bone:** is a small bone of the viscerocranium (or facial skeleton) (see [Appendix B](#) for a diagram)

**Family or Family Member:** is a person who has been identified by the patient, the patient's representative or the patient's care provider as being in a relationship of importance to the patient and who regularly provides support or care for the patient.



## Appendices

- [Appendix A: Competency Validation Sign-off Document](#)
- [Appendix B: How to Place the AMT Nasal Bridle Pro](#)
- [Appendix C: AMT Nasal Bridle Images](#)
- [Appendix D: How to Document AMT Nasal Bridle Insertion](#)



## Appendix A Competency Validation Sign-off Document

### COMPETENCY VALIDATION DOCUMENT

AMT Bridle Pro® Nasal Tube Retaining System



**Purpose:** This is **NOT** a substitute for the DFU/IFU (Directions for Use/Instructions for Use), this is supporting material for the Bridle Pro® Nasal Tube Retaining System. This document is a tool in validating the competency of a new user, both verbally and in demonstration. This document contains detailed instructions on the placement and care of the Bridle Pro® system. This document is not patient specific, but provides general information so medical professionals can feel confident in placing and caring for patients with the Bridle Pro® system.

**What is a bridle:** A nasal bridle is a securement method used to discourage patients, pediatrics to adults, from pulling on their nasal tube. The Bridle Pro® is easily placed by passing magnets within the nasopharynx, which allows the bridle tubing to loop around the vomer bone, and is then secured to the nasal tube with a clip. Once the Bridle Pro® is properly placed, no tape or sutures are required to keep the nasal tube secured.

**Indications for Use:**

The Bridle Pro® Nasal Tube Retention System is indicated to prevent inadvertent displacement or removal of Nasogastric/Nasointestinal (NG/NI) tubes.

**Contraindication for Use:**

This device is contraindicated for patients with nasal airway obstructions and abnormalities, and facial and/or cranial fractures. Do not use on patients with thrombocytopenia (<100K/ul) or immediately post septoplasty. Do not use on patients with a graft vomer bone. Extreme caution should be used with premature infants and neonatal patients. Do not use on patients that may pull on the Bridle Pro® to such a degree as to cause serious injury.

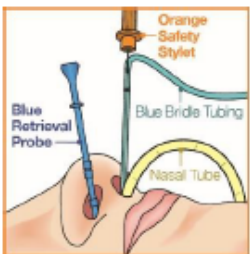
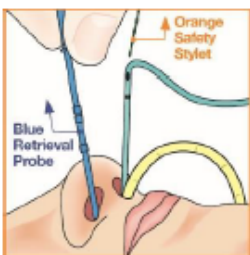
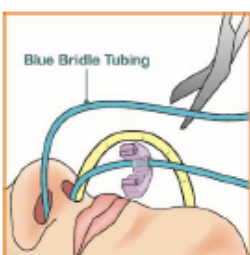
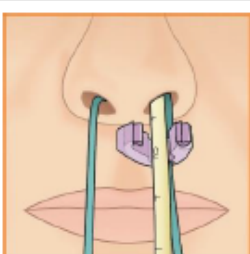
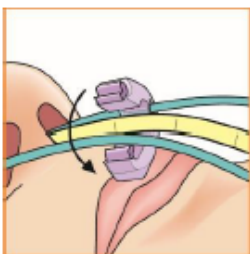
**Policy/Pre-Procedure Requirements:**

- Read the Bridle Pro® of Nasal Tube Retaining Systems DFU/IFU.
  - Product DFU/IFU(s): <https://www.appliedmedical.net/edu-resources/device-instructions-for-use/>
- Watch Bridle Family Instructional Video(s):
  - <https://www.appliedmedical.net/edu-resources/>
- Demonstrate proper placement technique on training device/skull.
- No patient sedation is required for placement of the Bridle Pro® system.
- The device may be inserted before or after nasoenteric feeding tube.

**Important Note:** If a patient pulls on the Bridle Pro® this may cause some discomfort, encouraging the patient to stop pulling on the nasal tube.

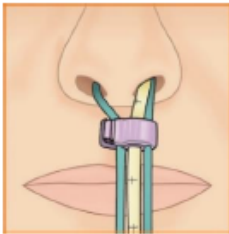
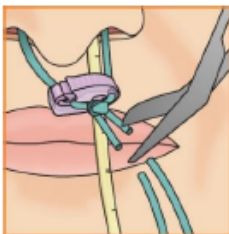
**Important Note:** It is recommended that the Bridle Pro® is placed prior to any nasal tubes for pediatric patients.



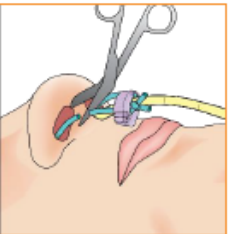
Performance Criteria		Circle Appropriate Choice(s)			
		Teaching Method(s) V = Verbalization D = Demonstration		Requirement(s) met	
IMAGE REFERENCE:	DEVICE PLACEMENT:	VERBALIZES	DEMONSTRATES	YES	NO
	Place patient supine (preferred position)/RN at side of bed or desired position. Device may be placed before or after the nasal tube.	V	D	Y	N
	Lubricant may be used on the probe or top of the Bridle Pro <sup>®</sup> bridling tubing if desired. First insert the blue probe into nostril opposite the nasal tube until the first rib is at the bottom of the nostril.	V	D	Y	N
	Next insert the Bridle Pro <sup>®</sup> tubing into the opposite nostril to approximate the magnets. Pull back on orange stylet about 1 cm (1/2") until the magnets connect. Continue to advance both bridling tubing and probe until contact is made. It may be necessary to gently twist the probes from side to side and/or up and down to encourage contact between the magnets.	V	D	Y	N
	AFTER magnet connection is made, remove orange stylet completely from the bridling tubing and discard.	V	D	Y	N
	Slowly withdraw probe and allow the bridling tubing to advance through the nose. Continue until the two black markings on the bridling tubing are completely pulled up and through one nostril and at least a couple inches outside the opposite nostril, creating a loop or "bridle" around the vomer bone.	V	D	Y	N
	Cut and dispose of the bridling tube section containing the magnets, black markings and the blue probe. If nasal tube has not been placed, insert now per nasal tube manufacturer's instructions.	V	D	Y	N
	Wipe down the nasal tube and bridling tubing to remove any excess lube if needed.	V	D	Y	N
	Slide clip up bridling tubing into position. Clip should be located close to nostril, approximately 1 cm (1/2") or one "finger width" from nostril.	V	D	Y	N
	Review clip configurations within DFU/IFU.	V	D	Y	N
	The clip should open medially and all lines (Bridling Tubing and Nasal Tube) should be parallel.	V	D	Y	N
	Ensure proper position of nasal tube, bridling tubing and clip [1 cm (1/2") beneath nostrils], prior to closure. Secure clip by firmly snapping closed.	V	D	Y	N

person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

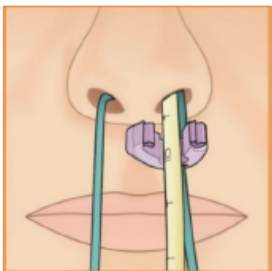
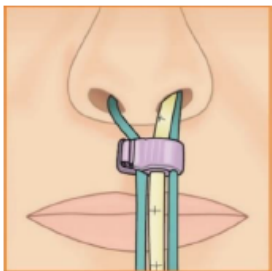


IMAGE REFERENCE:	DEVICE PLACEMENT:	VERBALIZES	DEMONSTRATES	YES	NO
	Once the clip has been closed, make sure all components are parallel.	V	D	Y	N
	Tie the two strands of bridle tubing together in a simple knot below the clip (excluding the nasal tube).	V	D	Y	N
	Cut excess bridle tubing.	V	D	Y	N

DOCUMENTATION OF MEDICAL RECORD:	VERBALIZES	DEMONSTRATES	YES	NO
Record insertion including FR size.	V	D	Y	N
Assess and document condition of nose during and after placement.	V	D	Y	N
Document removal of nasal tube.	V	D	Y	N

IMAGE REFERENCE:	DEVICE REMOVAL:	VERBALIZES	DEMONSTRATES	YES	NO
	To Remove BOTH Nasal Tube & Device: Cut only ONE strand of bridle tubing. Gently pull both the Bridle Pro® and nasal tube out of the nose. (Clip remains attached to tube.)	V	D	Y	N
	To Remove ONLY Device: Cut ONE strand of the bridle tubing and open the clip. Gently pull on the opened clip to remove the bridle tubing from nose.	V	D	Y	N



PLACEMENT CARE: DEVICE BEST PRACTICES				
 <p>Clip Opens Medially</p>		 <p>All components are parallel (Bridle Tubing and Nasal Tube)</p>		
	VERBALIZES	DEMONSTRATES	YES	NO
Document the position of the NG/NJ tube at the distal end of the Bridle Pro®. • If no marks are present, mark the tube with indelible pen. • Ensure the bridle tubing is not twisted or applying any pressure to the columella. • NG/NJ tube position should be checked daily.	V	D	Y	N
Clean external visible Bridle Pro® device components and patient nostrils daily. • Clean the clip and blue bridle tubing with soap and warm water (or hand and face wipes) and clean the patients' skin with soap and warm water, or as directed by the prescribing clinician. • While cleaning, check the clip for any signs of damage and make sure the simple knot is tight. • Check clip position – the clip should be approximately 1 cm (1/2") from the nostril. The clip should NOT touch the nose. The clip should open medially and all lines (Bridle Tubing and Nasal Tube) should be parallel.	V	D	Y	N
Inspect the skin around the nostrils for any soreness, redness, or irritation.	V	D	Y	N
Follow manufacturer's DFU/IFU(s) or facility protocols for NG/NJ tube care.	V	D	Y	N
The Bridle Pro® should be routinely changed every 30 days, and/or when the nasal tube is changed. • Alternate naris with each NG/NJ tube and Bridle Pro® replacement/change.	V	D	Y	N

**COMPETECY VALIDATION REQUIRED SIGN-OFF**

**AMT Bridle Pro® Nasal Tube Retaining System**

The trainer signing this document validates that the trainee is competent, both verbally and in demonstration, using the Bridle Pro® device. Do not sign unless all sections above are complete.

Facility: \_\_\_\_\_ Validation Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ (Please Print) Trainee Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

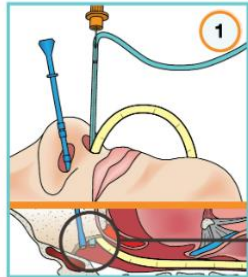
Department/Unit: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

(Retrieved from AMT representative)

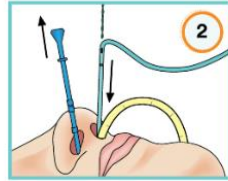


## Appendix B: How to Place the AMT Bridle

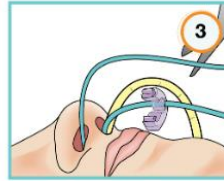
### Safe Placement\*



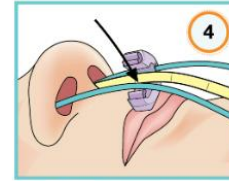
Advance probe in nare opposite the nasal tube, then safety stylize with bridle catheter in the other nare until magnets connect (you may hear an audible 'click'). Remove safety stylize from the bridle catheter.



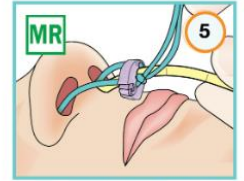
Slowly remove probe, drawing the bridle catheter around the vomer bone and out the patient's nare.



Cut the excess bridle catheter off, leaving enough length to tie a knot, and then discard.



For the Range Clip place loose strand of bridle catheter between the clear flats below the circular region of the clip.\*



Secure clip 1cm below nose. Below the clip, tie both strands of the bridle catheter in a simple knot and cut excess catheter.



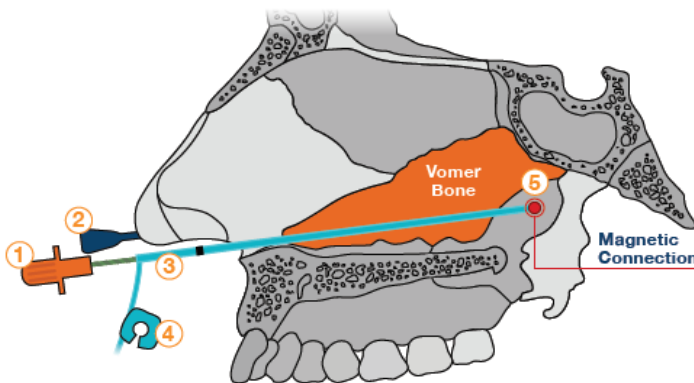
### Device Removal

- Cut one strand of bridle catheter
- Pull the bridle & nasal tube out of the nose

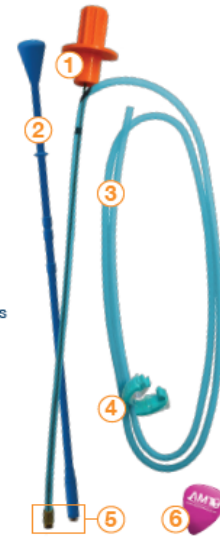
\*This is not a substitute for the directions for use. To find out how to secure an AMT Bridle™/Bridle Pro™ clips see our directions for use.

### Vomer Bone Securement

Patient Safety + Comfort are a top priority for AMT and the vomer bone is a great securement location for nasal tubes. Once an AMT Bridle™ Family device is properly placed, no tape or sutures are required to keep the nasal tube secured.



- 1 Safety Stylize
- 2 Retrieval Probe
- 3 Bridle Tubing
- 4 Pre-Attached Clip
- 5 Rare Earth Magnets
- 6 Clip Opening Tool



### Accommodates Salem Sump®

The Bridle Pro® 14F, 16F and 18F clips, with specially designed openings, can accommodate large bore nasal tubes, including the Salem Sump®.



### Bridle Family | Size Availability\*

	Pediatric Bridle Pro® Range <sup>1</sup>	Pediatric Bridle Pro® <sup>1</sup>	Bridle Pro® Range <sup>1</sup>	Bridle Pro® <sup>1</sup>	AMT Bridle™ <sup>2</sup>
5F	4-420506P				
6F					
8F	4-420810P	4-4208P	4-420810	4-4208	4-4108
10F				4-4210	4-4110
12F			4-421214	4-4212	4-4112
14F				4-4214	4-4114
16F			4-421618	4-4216	4-4116
18F				4-4218	4-4118

The Pro Range Clip's flexible overmolded section allows it to encompass multiple sizes into a single clip. <sup>1</sup>The Bridle Pro® features the exclusive blue Bridle Tubing. | <sup>2</sup>The AMT Bridle™ features white umbilical tape. | \*The Bridle Family comes packaged as 5/Box.

Questions? Call Today:

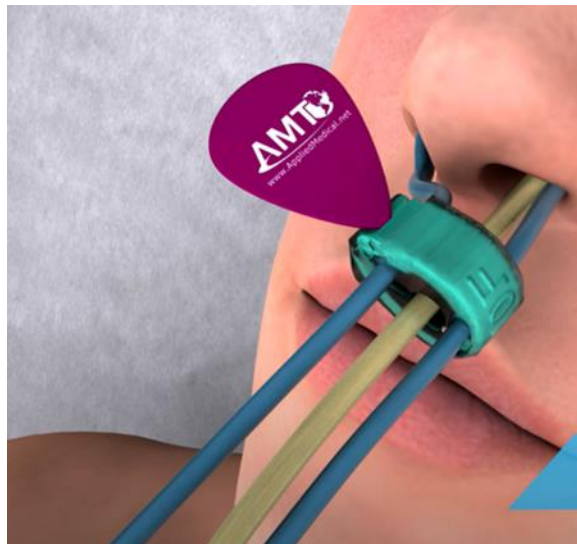


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800 869 7382 | [CS@AppliedMedical.net](mailto:CS@AppliedMedical.net) | [ICS@AppliedMedical.net](mailto:ICS@AppliedMedical.net)



## Appendix C: AMT Nasal Bridle Images

### AMT Nasal Bridle Clip or Clamp Opener:



(AMT Inc., 2023)

### AMT Nasal Bridle Standard Versus AMT Nasal Bridle Pro

#### AMT Bridle™

The AMT Bridle™ system consists of a retrieval probe, a flexible white catheter which houses a removable stylet guide, a pre-attached clip, a clip opening device, and a packet of water-soluble lubricant.



#### AMT Bridle Pro®

The Bridle Pro® system consists of a retrieval probe, a flexible monofilament bridle catheter (bridle tubing) which houses a removable stylet guide, a pre-attached clip, a clip opening device, and a packet of water-soluble lubricant.



## Appendix D: How to Document AMT Nasal Bridle Insertion

Insertion order:

Patient Care			
<input checked="" type="checkbox"/>	Insert Nasal Bridle	Ordered	18-Oct-2022 16:21 PDT, F

The task in Single Patient Task List:

<ul style="list-style-type: none"> <li>Mental Health Summary</li> <li>Orders + Add</li> <li>Single Patient Task List</li> <li>MAR</li> <li>MAR Summary</li> </ul>	Scheduled Patient Care			
	Nurse Collect   Respiratory Therapy   Unit Clerk			
	Task retrieval completed			
	Task Status	Scheduled Date and Time	Task Description	Order Details
	Pending	18-Oct-2022 16:21 PDT	Insert Nasal Bridle	18-Oct-2022 16:21 PDT,

Documentation for IView:

Peripheral IV	16:20 PDT	16:23 PDT
Gastrointestinal Tubes		
Nasogastric (NG) tube ...		
Activity		Insert
Department Placing Tube		ICU
Termination Site		Gastric
Inserted By		Test, Alex
Tube Function		Medicatio...
External Securement Type	Bridle	Tape
Internal Securement Type		
Bridle/Staple Done By	Test, Alex	
Tube Placement Verifica...		X-Ray
GI Tube Gastric pH		
GI Tube Jejunal pH		
External Length cm		40
Centimeter Markin...	cm	
Fecal Management ...	mL	
Method of Drainage		
Suction Setting mmHg		
Output Description		
Tube Care		
Balloon Water Volu...	mL	
GI Tube Dressing		
Site Condition		No compli...
Unexpected Event		
Patient Response		
Intake mL		
Residual Amount mL		
Residual Discarded mL		
Output mL		
Flush mL		
Continuous Free W...	mL	
Irrigant In mL		

<b>First Released Date:</b>	FEB-2016 (PHC Only)	
<b>Posted Date:</b>	07-NOV-2023	
<b>Last Revised:</b>	07-NOV-2023	
<b>Last Reviewed:</b>	07-NOV-2023	
<b>Review Due by:</b>	07-NOV-2026	
<b>Approved By:</b> <i>(committee or position)</i>	PHC	VCH
	Professional Practice Standards Committee	VCH: (Regional DST Endorsement - 2nd Reading) Health Authority & Area Specific Interprofessional Advisory Council Chairs (HA/AIAC) Operations Directors Professional Practice Directors  Final Sign Off: Vice President, Professional Practice & Chief Clinical Information Officer, VCH
<b>Owners:</b>	PHC	VCH
	Critical Care	Nurse Practice Initiatives Lead, Coastal Professional Practice  Nurse Practice Initiatives Lead, Coastal Professional Practice