Nasal Tube Retaining Device/System

AMT Bridle ™ - SJHC Policy : PCS-IV-77

View Insertion  Video at: http://www.sjhlex.org/mpeg/Bridle_5_6_8_10_12F.wmv

Comes in 5 French sizes to fit most nasal tubes: 8, 10, 12, 16 & 18 Fr.

Step 1
Insert placement catheter and retrieval probe fully into opposite nostrils. Gently manipulate until audible connecting click is heard.

Step 2
After magnets have connected at back of throat, slowly withdraw probe, pulling the catheter through until only a loop of secure tape remains.

Step 3
Using the loop of exposed secure tape, affix nasal tube with the appropriate size retaining clip as close to the nose as possible.

Step 4
Firmly close retaining clip until it snaps shut. Tie off tape ends for added security, and trim the unnecessary excess.

Indications for use:
Prevention of accidental displacement &/or dislodgment of nasal feeding tubes.

Contraindications:
- Mechanical obstructions in nasal airway
- Facial Fractures
- Anterior cranial fractures
- Patients that may pull on the device aggressively and cause serious injury to the nasal septum.

Patient Assessment & Order:
The Registered Nurse may place the device once an order has been received and a physician/PA/ARNP has completed an assessment of the patient and determined no contraindications.

Following placement, the patient should be reassessed by a physician/PA/ARNP to assure its correct placement and that no complications have occurred. The physician/PA/ARNP should document in the Medical Record on the Progress notes that post retaining device assessment completed.

Directions:
The preferred patient position for placement is supine. The device may be inserted before or after feeding tube placement.

1. Insert the retrieving probe into a nostril until the first rib is at the bottom of the nostril.
2. Insert the catheter into the opposite nostril and advance. An audible click should be heard when the magnets make contact.
3. If the magnets do not make contact, gently move the retrieving probe from side to side and/or up and down to facilitate contact.
4. If no contact is made, advance the catheter and the probe to the second rib.
5. Once contact has been made, remove the stylet in the catheter, this will expose umbilical tape/ribbon.
6. Slowly withdraw the retrieving probe, which will advance the catheter into the nose and behind the nasal septum.
7. Continue this process until only the umbilical tape is in the nose. If the tape does not come out the opposite nostril, replace the stylet and start over.
8. Cut the retaining device catheter off the umbilical tape leaving only the tape in the nose.
9. Select the correct size clip based upon the feeding tube size. 8 Fr - white 10 Fr - teal 12 Fr - blue
10. Lift both ends of the tape and lay both ends of the tape in the clip’s deep channel at the end of the nose.
11. Snap the feeding tube into the deep channel ON TOP of the umbilical tape
12. With the tube, tape and clip lifted, position the clip just beyond the tip of the nose. (It should rest on the top lip when closed and released)
13. Fold the clip together and close tightly until the clip snaps shut (double check to insure closure)
14. After the clip is placed, hold the feeding tube firmly and gently pull the tape ends.
15. After the clip has been fully closed, tie the tape ends together (do not include the feeding tube) in a simple knot. Excess tape can be trimmed.
16. After these steps have been followed, mark the clip and feeding tube, record in chart and monitor regularly to assess tube migration.
17. The retaining device can remain in place for the entire time the feeding tube is in place. There is no need to change the device.
18. Document the insertion in the medical record.
19. Document the condition of the nose every shift on the ICU/Acute care flow sheet.

Removal:
If removing the retaining device and feeding tube, cut one side of the tape and slide the remaining out of the nose with the feeding tube.

If removing just the retaining device, cut both ends of the tape. CLIP REMAINS IN PLACE. Hold the feeding tube securely and remove the device from the nose.

Document removal in the medical record.