Information for Clinical Choice Matrix and Support Document

Nasal Bridle

Information for Clinical Choice (ICC) has been developed to assist Clinicians in the decision-making process when assessing the suitability of a product. It gives customers the assurance that they can switch to alternative products without the concern that quality will be compromised.
The criteria provided, in the form of a Product Matrix and Support Document, is the result of an independent product review, conducted by the Clinical Collaboration Team (CCT), with support from clinical stakeholders from across the NHS, as part of our assurance process.
The aim, alongside delivering savings back into NHS frontline services, is to ensure that clinical choice remains at the forefront of any product switching decision as this serves to provide the best output for patients.

Enteral Feeding, Bile Bags and Associated Products - Nasal Bridle

A nasal retention device (NRD) or anchoring device, commonly known as **nasal bridle** is a specialist device that secures an Enteral Feeding Tube (EFT) such as, Nasogastric Tube (NGT) and Naso-jejunal tube (NJT).

This device helps prevent inadvertent displacement or removal of EFT in patients whom its use is deemed appropriate thus avoiding risks and costs associated with repeated tube placement.[1,2]

Nasal bridles help to provide sustained enteral nutrition in patients incapable of maintaining volitional feeding.[7,8]

Nasal bridles have been approved and statistically evidenced to be more effective than traditional use of tape alone at securing EFT's [6,9,10]

Device Distinct Components

- Two Magnetic probes as an aide to pass the bridle tubing around the vomer bone
- Catheter with removable safety stylet
- Bridle tubing or umbilical tape is used to make a loop around the vomer bone and attached to the EFT
- Fixation Clip is used to secure the loop and the EFT together

Benefits of Nasal Bridle

- Increased security of EFT
- Increased Comfort for Patients with EFT
- Able to enterally feed patients who require short-term feeding without having to resort to PEG
- Able to enterally feed a large population who cannot have PEG placed

Recommended Use

It can be placed at the patient's bedside, usually but not exclusively, at the time of insertion of the EFT. The nasal bridle can stay in up to 4 weeks which is often the lifespan of the EFT and can be removed or replaced when required or necessary.

The National clinical guidelines for stroke (2012) for example, explicitly recommend people with acute stroke who are unable to take adequate nutrition and fluids orally should be considered for tube feeding with an NGT within 24hrs of admission and recommends use of a nasal bridle.[3]

Supplier	GBUK	GBUK	Avanos
Brand	AMT	AMT	Core Grip
MPC	4-4108	4-4280	25-008
NPC	FWM993	FWM3164	FWM3311
Description	Nasal Retention Device	Nasal Retention Device	Nasal Retention Device
Picture			
Route	Stock (8,10,12fg) Blue Diamond (14, 16, 18fg)	Stock (8,10,12fg) Blue Diamond (14, 16, 18fg)	Stock (8fg) Blue Diamond (10,12,14,18fg)
UOI	1	1	1
Sizes available	8fg, 10fg, 12fg, 14fg, 16fg, 18fg	5fg-6fg, 8fg-10fg, 8fg, 10fg, 12fg, 14fg, 16fg, 18fg	8fg, 10fg, 12fg, 14fg, 18fg
Latex-free	✓	✓	✓
DEHP-free	✓	✓	✓
Includes water soluble lubricant	✓	✓	✓
Includes retrieval probe	✓	✓	✓
Includes opening device	✓	✓	✓
Includes fixation device / lock	✓	✓	✓
Includes safety stylet	✓	✓	✓
Depth indicator markings present	Yes (notch)	Yes (notch)	Yes (cm markings)
Clip feature (free or pre-attached)	Pre-attached	Pre-attached	Free (x 2)
Adjustable clip	✓	✓	✓
Range of clip sizes available	✓	✓	✓
Clip size identifier present	✓	✓	✓
Magnet present as an aide for connection	✓	✓	✓
Alignment marking	Yes (notch)	Yes (notch)	Yes (cm markings)
Removal clip	✓	✓	✓
Age range	from Birth	from Birth	Adult
Magnet assisted placement	✓	✓	✓
Order of sequence	EFT followed by tape	EFT followed by tape	EFT followed by tape
Tubing materials	Umbilical Tape	Monofilament tubing	Umbilical Tape
Thickness of nasal anchoring system	3mm	3mm	3mm
Recommended duration	up to 30 days continuous use	up to 30 days continuous use	up to 4 weeks continuous use

Useful Resources:

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304091/

2. https://www.bapen.org.uk/members/pdfs/conf_presentations/2010/symposium1-tracy-earley.pdf

3. https://aspenjournals.onlinelibrary.wiley.com/doi/abs/10.1177/0884533614536737

4. Bechtold, M., Nguyen, D. et.al (2014) Nasal Bridles for Securing Nasoenteric Tubes. *Nutrition in Clinical Practice*. 29:5 pp 667-671. https://aspenjournals.onlinelibrary.wiley.com/doi/abs/10.1177/0884533614536737

5. Allan, K., Taylor, S. & Payne, A. (2018). Do nasal bridles improve nutritional delivery in patients with feeding tubes? *British Journal of Nursing*, 27(12):672-673. doi: 10.12968/bjon.2018.27.12.672.

6. https://www.espen.org/files/ESPEN-Guidelines/ESPEN-guideline_clinical_nutrition_in_neurology.pdf

7. Royal College of Physicians in London and Intercollegiate Stroke Working Party. (2020) National clinical guideline for stroke.

8. https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines

9. NNNG 2017 National Guidelines https://www.bapen.org.uk/pdfs/ngsig/a-position-paper-on-nasogastric-tube-safety.pdf

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