



Nursing Service Guidelines General

Title: **Bridle for Nasal Tube Retaining System (NG/NJ Tubes)**

Responsibility: The trained and competent Registered Nurse (RN), physician, or nutritional specialist.

Purpose of Guidelines: Nasal bridles are retaining devices which use two probes with magnets at the end to pass an umbilical tape around the vomer bone to create a loop, with a clip to secure the loop and the tube together. The aim of using a nasal bridle is to prevent inadvertent displacement or removal of naso-enteral feeding tubes by promoting safe, standardized use of a naso-enteral fixation device in patients whom its use is deemed appropriate. The clear clinical benefit of using nasal bridles is intended to be improved patient care through the optimal treatment with enteral feeding and administration of medication. All NG/NJ tubes will be bridled unless contraindicated.

Contraindications:

Review Contraindications before insertion. Not to be used in patients with:

- Facial or Cranial Fractures
- Nasal Airway Abnormalities/Obstruction
- Should not be used on patients that will pull on their feeding tube to the extent that it could result in serious self-injury.
- If a patient is likely, based on their condition or mental status, to continuously pull on the NG/NJ tube it is recommended to secure the tube using alternative methods to reduce the risk of injury or tube displacement.

Procedure:

Gather equipment:

1. Clean Gloves
2. Bridle Retraining System
3. Towel or mask

Insertion:

1. Wash hands and don clean gloves.
2. Place patient supine (preferred position) with RN at side of bed or desired position. Bridle may be placed before or after the nasal tube.
 - a. For patients with small nares, it may be particularly beneficial to place bridle prior to tube placement.
3. Remove the clear protective sheath from both the white and yellow catheters.

4. Thoroughly lubricate the distal tip of both catheters with water soluble lubricant (lubricating jelly- found in kit).
 - a. Take care to avoid lubricating the magnet tips.
5. Insert yellow retrieval catheter to the desired depth into desired nostril.
 - a. Markings on tube reflect centimeter (cm) markings to guide insertion depth.
 - i. Adjust appropriately for patients' anatomy. DO NOT exert force when inserting the catheter. If over inserted, damage to sinus cavity may occur.
6. Insert White catheter into the opposite nostril to the same distance as the yellow catheter so magnet tips are at the same point behind the vomer bone.
 - a. Use printed centimeter (cm) marking on the catheter to match insertion depth of the two catheters.
7. When the magnets connect behind the vomer bone, you may hear the click and/or feel the connection.
 - a. Some gentle manipulation of the catheters will encourage magnet engagement.
 - b. If a connection is not made and procedure needs to be repeated withdraw white catheter. If tether is extended beyond the tip, gently pull tether from proximal end of white catheter to reset.
8. After magnet engagement has occurred, slowly/deliberately withdraw the white catheter until the tether is clearly visible and the catheter is completely out of the nostril (approximately 10 cm).
9. Then slowly/deliberately withdraw the yellow catheter until the tether is visible and the catheter is completely outside of nostril allowing the advancement of the tether behind the vomer bone and out the opposite nostril.
10. Now pull the white catheter until the tether is completely out of catheter.
11. Disconnect the yellow catheter from the tether at the magnet.
 - a. Adjust the tether so that an equal length extends from each nostril.
 - b. If the NG/NJ tube has not been placed, do so now while taking care not to dislodge bridle tether.

Attaching clamp:

1. When attaching the clamp to the NG/NJ tube be aware to take care or cover patient's mouth when securing the clamp.
 - a. The clamp is a **choking hazard** when not attached to the feeding tube with tether.
 - i. To help prevent **choking hazard** place towel or mask over mouth.
2. Place the NG/NJ tube into the groove of the clamp. Then place one of both sides of the tether onto the flat areas of the clamp, in front of the tube.
3. Slide the clamp up to approximately 1 cm from nostril.
 - a. Clamp should not touch the nostril.

4. Lock the clamp and tether into place by pinching the clamp closed.
5. Tie a knot with the two tethers.
 - a. Do not tie the knots around the NG/NJ tube.
 - b. Do not put tension on the tether or tube close to the nostril as irritation may occur.
6. Trim the excess tether about 1 cm below the knot and discard magnet.
7. Inside packaging an opening device (pick) is provided if reposition is desired.
 - a. Do not use other objects to open the bridle clamp. It will allow for bridle to be easily opened.
 - b. Pick needs to be kept in patients' room if clamp needs to be reopened.
8. Documentation in medical record:
 - a. Record insertion including FR size of clamp.
 - b. Assess and document condition of nose during and after placement.

Removal:

1. To Remove BOTH Nasal Tube & Device:
 - a. Cut only ONE strand of bridle tubing. Gently pull both the bridle and nasal tube out of the nose. (Clip remains attached to tube).
2. To Remove ONLY BRIDLE:
 - a. Cut ONE strand of the bridle tubing and open the clip. Gently pull on the opened clip to remove the bridle tubing from nose.
3. Documentation in medical record:
 - a. Document removal of nasal tube and or bridle.

Placement Care:

1. Document the position of the NG/NJ tube at the distal end of the bridle.
 - a. Ensure the bridle tubing is not twisted or applying any pressure to the columella.
 - b. NG/NJ tube position should be checked daily or per hospital policy.
2. Clean external visible bridle device components and patient nostrils daily.
 - a. Clean the clip and 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.
 - b. While cleaning, check the clip for any signs of damage and make sure the simple knot is tight.
 - c. 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.
3. Inspect the skin around the nostrils for any soreness, redness, or irritation
4. The bridle should be routinely changed every 30 days, and/or when the nasal tube is changed.
 - a. Alternate naris with each NG/NJ tube and bridle replacement/change.

References:

1. Doncaster and Bassetlaw Hospitals, NHS Foundation Trust (2017) Nasal Bridle Policy.
<https://www.dbth.nhs.uk/wp-content/uploads/2017/07/PAT-T-69-v-1-Nasal-Bridle-Policy-final.pdf>
2. University Hospitals of Leicester, NHS Trust (2023) Insertion, Management and Removal of Nasal Retention Devices to secure Naso-gastric & Naso- Jejunal Tubes in Adults: Policy and Procedures.
<https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Insertion%20and%20Removal%20of%20Nasal%20Retention%20Device%20for%20Securing%20Nasogastric%20or%20Nasojejunal%20Tube%20UHL%20Policy.pdf>
3. Avanos (2025). *Corgrip SR NG/NI Tube Retention System* (pp. 1-5). Instructions for Use.

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Revised: