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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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Insertion, Management and Removal of The Nasal Bridle Fixation Device for Naso-Enteral Feeding Tubes in Adults Procedure

Introduction and Aim

The aim of the procedure is to minimise patient risk and harm caused by displacement or removal of naso-enteral feeding tubes by promoting safe, standardised use of a naso-enteral tube fixation device in patients in whom its use is deemed appropriate.

Objectives

- To provide optimal nutrition
- To minimise patient discomfort by avoiding repeated insertions of naso-enteral tubes
- To avoid complications of multiple insertions of naso-enteral tubes
- To avoid unnecessary gastrostomy tube placement
- To promote safe use of the nasal bridle retaining device

Scope

This procedure applies to all adult patients within the organisation who have been deemed to require a naso-enteral feeding tube fixation device.

Equality Impact Assessment

An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the procedure found there to be no impact.

Documents to read alongside this Procedure

Insertion of a nasogastric tube, confirmation of correct position and on-going care in adults, children and infants (not neonates) procedure

Approved by

Nutrition and Catering Steering Group

Accountable Executive or Clinical Board Director

Executive Director of Therapies

Author(s)

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	N/A	12/08/11	New procedure
1	N/A	30/08/12	Minor additions to section 6.2 and daily care record
1	18/09/2013	11/10/13	Minor additions to section 4
2	14/12/2016		Minor amendments to section 6.1 due to changes in the manufacturer's instructions on how to secure the NG into bridle clip
3		09/07/2020	Minor amendment to section 5 to include risk assessment for patients with abnormal coagulation results
4	20/02/2024	24/06/2024	Minor amendment to section 5 to include risk assessment for patients with facial fractures. Old reference deleted as no longer relevant. Competency framework updated.

**INSERTION, MANAGEMENT AND REMOVAL OF THE NASAL BRIDLE
FIXATION DEVICE FOR NASO-ENTERAL FEEDING TUBES IN ADULTS
PROCEDURE**

Contents	Page No.
1 Introduction	4
2 Aim	4
3 Objectives	4
4 Scope of procedure	4-5
5 Contra-indications	5
6 Procedures for insertion, maintenance and removal	6-8
7 Responsibilities	9
8 Resources	9
9 Training	9
10 Implementation and Distribution	9
11 Equality Impact Assessment	9-10
12 Audit	10
13 References	10
14 Review	10
Appendix 1 Competence Document	12-20
Appendix 2 Care Record Sheet	11

1. Introduction

This procedure describes the use of the nasal bridle tube retaining device for the fixation of naso-enteral feeding tubes. Accidental loss of naso-enteral tubes is a common problem and local experience confirms that this is the case in Cardiff and Vale University Health Board. This method of fixation reduces the incidence of accidental loss of naso-enteral tubes. However, use of the nasal bridle is associated with additional problems and complications. A standardised approach to the process will assist in reducing the risk of complications.

2. Aim

To prevent inadvertent displacement or removal of naso-enteral feeding tubes by promoting safe, standardised use of a naso-enteral tube fixation device in patients in whom its use is deemed appropriate.

3. Objectives

- 3.1** To provide optimal nutrition
- 3.2** To minimise patient discomfort by avoiding repeated insertions of naso-enteral tubes
- 3.3** To avoid complications of multiple insertions of naso-enteral tubes
- 3.4** To avoid unnecessary gastrostomy tube placement
- 3.5** To promote safe use of the nasal bridle tube retaining device

4. Scope of procedure and criteria for bridle insertion

This procedure is intended to apply to all adult patients within the organisation who have been deemed to require a naso-enteral feeding tube fixation device.

The Nutrition Support Team is responsible for implementing the procedure. A small cohort of Specialist Doctors and Nurses who have been appropriately trained in this technique will be able to carry out the procedures. Individuals are responsible and accountable for their own actions when undertaking this clinical practice as part of their wider role (refer to section 9).

Artificial nutrition and use of nasal bridle fixation devices are associated with legal and ethical implications for practice. It is the responsibility of the clinical team responsible for the patient to ensure that due regard to legal and ethical principles is considered as part of patient care. Decisions from discussions regarding legal and ethical implications must be appropriately recorded in the medical records.

Verbal consent must be obtained at an appropriate point of consultation with the patient whenever possible. Where verbal consent cannot be obtained, due regard to legal and ethical principles must be observed when making a best interest's decision (2). Appropriate documentation must be entered into the patient's medical records.

Following a risk assessment by the Nutrition Nurse Specialist, a small number of patients may be suitable to be sent home for a short period of time, with an enteral feeding tube secured by a nasal bridle fixation device. The decision to send a patient into the community with an enteral feeding tube secured with a nasal bridle fixation device, must be a multi-disciplinary decision based on the clinical need of the individual patient.

4.1 Criteria for bridle insertion includes:

- Multiple displacements of naso-enteral tubes
- Difficult tube insertions requiring ENT assistance
- All endoscopically placed nasogastric or nasojejunal tubes

5. Contra-indications

This procedure should not be undertaken if the patient has:

- mechanical obstruction of the nasal airway
- facial fractures
- anterior cranial fractures
- severe clotting disorders

If a patient has abnormal coagulation then the Medical Team must risk assess the benefits of the bridle against the potential risk of bleeding and clearly document that they accept the risk in the medical notes before a bridle is inserted. If a patient has facial fractures, trained staff in ITU can insert a bridle if the Maxillo- Facial team have deemed it safe and documented in the medical notes.

Caution must be exercised in patients with behavioural issues or agitation if they are likely to pull on the nasal bridle.

Potential complications of the nasal bridle include:

- epistaxis
- rhinitis
- sinusitis
- pressure sores

Incidence of these complications should be appropriately reported to the clinical team responsible for the patient in a timely manner in order to ensure appropriate clinical management of the patient. Due consideration should be given to recording adverse events on an incident form.

6.1 Procedure for the insertion of the nasal bridle

Equipment

- Apron
- Non-sterile gloves
- Protective face mask or visor
- Nasogastric tube of appropriate size
- Nasal Bridle pack of appropriate size
- 20-50ml enteral syringe
- Glass of water
- Tissues
- Receiver
- Clean scissors

Procedure

- Wash hands and assemble the equipment
- Prepare the patient for the procedure
- Screen the bed area
- Explain the procedure and rationale. Verbal consent must be obtained at an appropriate point of consultation with the patient whenever possible. Appropriate documentation must be entered into the patient's medical records
- Clean/clear nostrils and provide oral care
- Position the patient (semi-recumbent, head tilted slightly forward if patient's condition allows)
- Agree a signal to pause/stop the procedure if the patient experiences discomfort
- Put on apron, face mask and gloves
- Insert the fine bore nasogastric tube and confirm correct gastric position according to the Cardiff and Vale Local Health Board *Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing patient care in adults, children and infants (not neonates) (1)* before placing the nasal bridle
- Lubricate both nasal bridle probes with lubricating gel
- Once the correct position of the nasogastric tube has been confirmed, insert the blue retrieving probe into the nostril until the first mark is at the bottom of the nostril
- Insert the bridle catheter into the opposite nostril. An audible click signifies contact between the magnets which may or may not be tactilely felt

- If necessary, gently move the retrieving probe from side to side and/or in and out to encourage contact between the magnets. If no contact has occurred then advance the bridle catheter and the retrieving probe to the second mark
- Once contact has occurred, remove the stylet completely from the bridle catheter
- Slowly withdraw the retrieving probe while allowing the bridle catheter to advance into the nose. Continue until only the cloth umbilical tape is in the nose
- Using scissors, cut the bridle catheter off the umbilical tape leaving only the tape in the nose. Dispose of both catheter tube and probe in accordance with correct waste management procedures
- Lay the feeding tube into the deep channel of the clip. The clip should be positioned just beyond the tip of the nose
- Fold the two halves of the clip together and press tightly until the clip snaps shut. Double click to verify clip is fully closed

Note: The clip should only be re-opened by a trained bridle inserter

- After the clip has been fully closed, use the unsecured umbilical tape to create a loop above the retention clip. Then alternate both tapes below the retention clip using a series of loops. Tie the tapes around the tube to give extra security. The excess length of umbilical tape may then be trimmed as desired using scissors
- After placement note the clip and feeding tube position and document in the patient's notes
- Document the details of the nasogastric tube insertion and nasal bridle insertion in the patient's notes
- Dispose of all waste according to Cardiff and Vale Local Health Board waste management policies

6.2 Procedure for the maintenance of the nasal bridle

This must be undertaken daily to detect potential complications of the tube or nasal bridle including sinusitis, damage to the nose and tube migration

Equipment

- Apron
- Non-sterile gloves

Procedure

- Note the patient's bedside observations and laboratory results for signs of unexplained sepsis or infection
- Wash hands, put on apron and gloves
- Observe the face for swelling or discolouration
- Inspect the external nares for pressure sores or other damage
- Clean the external nares and the bridle with warm water
- Observe for the presence of purulent secretions from the nose or in the mouth or oropharynx
- Observe for any signs of tube migration. NB: The position of the nasogastric tube must be confirmed as per Cardiff and Vale Local Health Board procedure
- Document findings on daily care record sheet (Appendix 2)

6.3 Procedure for the removal of the nasal bridle

The nasal bridle should be removed safely when it is no longer required

Equipment

- Apron
- Non-sterile gloves
- Scissors

Procedure

- Wash hands, put on apron and gloves
- Cut **one** side of the umbilical tape (between the nose and clip)
- Gently pull both the bridle and feeding tube out of the nose
- Dispose of all waste according Cardiff and Vale Local Health Board waste management policies

7. Responsibilities

The Nutrition Support Team is responsible for implementing the procedure

A small cohort of Specialist Doctors and Nurses who have been appropriately trained in this technique will be able to carry out the procedures. Individuals are responsible and accountable for their own actions when undertaking this clinical practice as part of their wider role

8. Resources

- 8.1 There are minimal resource implications associated with the implementation of this procedure. The Nutrition Support Team will supply the fixation device and cross charge the relevant department for the cost of the bridle

9. Training

The Nutrition Support Team will provide training for a limited cohort of doctors and nurses in the insertion of nasal bridles where it is agreed between the Nutrition Support Team and relevant clinical directorate that training in the technique is beneficial. A competency package is available. It is the responsibility of individual clinical staff to ensure that they are competent to undertake this procedure unsupervised and to seek update training if they deem it to be necessary

It is anticipated that a minimum of two supervised training opportunities will be required before an individual can undertake this procedure unsupervised. The Nutrition Support Team will instruct the individual following 2 supervised insertions if additional training and assessment is required before they can practice unsupervised. The Nutrition Support Team will maintain a record of the individuals that they have trained and assessed. Update training and competence assessment must be considered if staff have not undertaken this procedure after an extended period of time

The Nutrition Nurse Specialists will monitor all nasal bridles inserted within the organisation and address any training issues with the cohort of trained inserters

10. Implementation and distribution

The procedure is to be implemented immediately following ratification and will be distributed via the intranet

11. Equality Impact Assessment

An equality impact assessment has been undertaken to assess the relevance of this policy to equality and potential impact on different groups, specifically in relation to the General Duty of Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 2005 and including other equality legislation. The assessment identified that the policy presented a low to medium risk to the organisation

12. Audit

Audit forms will be completed by the clinician responsible for insertion

The Nutrition Support Team will collate the data and ensure it is presented in an appropriate forum

13. References

1. Cardiff and Vale NHS Trust Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing patient care in adults, children and infants (not neonates) (2009)
2. Mental Capacity Act 2005

14. Review

This procedure will be reviewed every three years

Date	Time	pH	Length at nose (cm)	Bridle check and nostrils cleaned	NG taped to cheek	Comments-problems identified i.e. red/sore nose, bleeding or pressure area	Signature or initial

Note: Refer to the Cardiff and Vale UHB 'Procedure for the insertion of a nasogastric tube, confirmation of correct position and ongoing care, in adults, children and infants. Contact the Nutrition Support Team on x46393 for further information.



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Nutrition Clinical Nurse Specialists

Programme of Learning for the Insertion of Nasal Bridle devices

Name	
Place of work	
Name of Assessor	
Name of Manager	
Date nasal bridle workshop attended	
I have read the most recent Procedure for Insertion of Nasal Bridle Devices (sign and date)	

Training and Assessment of Competence

In order to safely practice the skill of insertion, management and removal of nasal bridle fixation devices for naso-enteral feeding tubes, registered practitioners must complete the following training and assessment:

A. Novice Practitioners:

1. Practitioners who have not been trained to undertake this skill must attend a bespoke workshop run by the Nutrition Support Team/agreed local assessor
2. Practitioners cannot practice nasal bridle insertion with patients until they have been assessed as competent passing a nasal bridle on a model
3. Once competent passing a nasal bridle on a model the practitioner may practice the skill on patients under the close supervision of a practitioner who is experienced at placing nasal bridles
4. Assessment of skill and knowledge will then be undertaken by an appropriately trained assessor in the usual workplace of the individual being assessed
5. The practitioner must complete all competencies and undergo 2 successful skills assessments in insertion of nasal bridles with patients in order to be able to practice independently
6. **This framework must be completed within 6 months of your attendance on the nasal bridle insertion workshop.** Failure to complete within 6 months will require repeat attendance on the workshop

Your Assessor:

Your manager will need to allocate you an Assessor to assess your competence. Assessors must be registered practitioners who:

1. Have attended the UHB nasal bridle workshop within the last 3 years or have attended a nasal bridle 3-year update
2. Have at least two years' experience of nasal bridle insertion
3. Have a teaching and assessing qualification (e.g. UHB Trainer Programme, Teaching and Assessing Module or PGCE) or be a trained and experienced mentor
4. Be up to date with their practice and have been assessed as competent by a Nutrition Nurse Specialist
5. Be registered as a nasal bridle assessor with the Nutrition Nurse Team

The Assessment Process

Knowledge assessment: must be completed with assessor/NNS

Skills assessment: the practitioner must be assessed as level 3 by the nominated assessor to be able to practice unsupervised.

Level 1: Guidance and assessor intervention required, further training and supervision needed

Level 2: Minimal prompts required, requires further practice

Level 3: Performs competently and independently

Notes for Novice Practitioners:

1. During the nasal bridle workshop, you will have the opportunity to undertake your first competency assessment on a manikin
2. If you are assessed as competent on the day you will be able to commence supervised practice with patients on return to the ward
3. If you require a further assessment your assessor will need to contact the Nutrition CNS team to arrange to use the manikin to assess you on the ward
4. Following your successful manikin assessment you need to ensure that you are supervised when inserting 2 nasal bridles with patients until you have been assessed as being competent passing a bridle on 2 occasions with patients
5. Your assessments can only be undertaken by your allocated assessor. However, your practice can be supervised by other registered practitioners if they are experienced in nasal bridle insertion and have been practising this skill for over 2 years
6. Please ensure that you log all practice insertions / assessments on page 4 of this document

Skills Assessment/Practice Log

Date	Bridle inserted on manikin or patient	Assessment / practice	Assessed or supervised by	Comments/Feedback

**Practice Learning Outcomes
Knowledge Assessment:**

A. Underpinning Knowledge		Tick when achieved
1.1	Discuss the process of obtaining consent in Adult patients and when a Best Interest's Decision is required	
1.2	Explain when a nasal bridle would be indicated	
1.3	Identify the relevant anatomy associated with the nasal bridle placement and the potential risks	
1.4	List the cautions and contraindications for nasal bridle placement	
1.5	Explain the nasal bridle referral process and where to find the referral form	
1.6	Explain the clinical symptoms that would indicate that the bridle insertion should be abandoned and discuss what actions should be taken after a failed attempt	
1.7	Explain how you document bridle insertion or attempted insertion in the medical notes	

Date of Completion of Knowledge Assessment:	Outcome of Assessment	Assessor Signature	Practitioner Signature
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Evidence of achievement and assessor feedback:

Nasal Bridle Insertion: Skills Assessment on a manakin

Name of practitioner being assessed		Ward / Department	
Name of assessor		Date of assessment	
1. Nasal Bridle Insertion			Achieved Please tick
			Yes No
1.1	Explains procedure and rationale correctly to the patient and seeks verbal informed consent or Best Interest's Decision		
1.2	Gathers required equipment and positions patient correctly		
1.3	Washes hands, puts on apron and gloves		
1.4	Cleans/clears nostrils and provide oral care		
1.5	Agrees stop signal with the patient prior to commencing procedure		
1.6	Examines nasal bridle for defects/expiry		
1.7	Correctly lubricates both probes		
1.8	Inserts probes correctly		
1.9	Able to identify magnet connection		
1.10	Once contact occurs, removes stylet correctly		
1.11	Lubricates ribbon and withdraws retrieving probe until only ribbon is in the nose		
Nasal Bridle placement completed correctly: level achieved (1 – 3)			
Evidence for decision			
2. Securing and tying the bridle			Achieved Please tick
			Yes No
2.1	Using scissors, cuts the catheter away from ribbon		
2.2	Lay feeding tube into deep channel of clip and correctly positions and shuts clip		
2.3	Correctly ties ribbon of bridle and secures to tube to cheek		
2.4	Ensure patient comfort		
2.5	Dispose of all waste according to Cardiff and Vale UHB		
2.6	Document the details of the bridle insertion in patient's notes		
Nasal Bridle secured: level achieved (1 – 3)			
Successful completion of assessment			Yes No
Assessor Signature		Practitioner's Signature	

Nasal Bridle Insertion: Skills Assessment 1 on a patient

Name of practitioner being assessed		Ward / Department	
Name of assessor		Date of assessment	
1. Nasal Bridle Insertion			Achieved Please tick
			Yes No
1.1	Explains procedure and rationale correctly to the patient and seeks verbal informed consent or Best Interest's Decision		
1.2	Gathers required equipment and positions patient correctly		
1.3	Washes hands, puts on apron and gloves		
1.4	Cleans/clears nostrils and provide oral care		
1.5	Agrees stop signal with the patient prior to commencing procedure		
1.6	Examines nasal bridle for defects/expiry		
1.7	Correctly lubricates both probes		
1.8	Inserts probes correctly		
1.9	Able to identify magnet connection		
1.10	Once contact occurs, removes stylet correctly		
1.11	Lubricates ribbon and withdraws retrieving probe until only ribbon is in the nose		
Nasal Bridle placement completed correctly: level achieved (1 – 3)			
Evidence for decision			
2. Securing and tying the bridle			Achieved Please tick
			Yes No
2.1	Using scissors, cuts the catheter away from ribbon		
2.2	Lay feeding tube into deep channel of clip and correctly positions and shuts clip		
2.3	Correctly ties ribbon of bridle and secures to tube to cheek		
2.4	Ensure patient comfort		
2.5	Dispose of all waste according to Cardiff and Vale UHB		
2.6	Document the details of the bridle insertion in patient's notes		
Nasal Bridle secured: level achieved (1 – 3)			
Successful completion of assessment			Yes No
Assessor Signature		Practitioner's Signature	

Nasal Bridle Insertion: Skills Assessment 2 on a patient

Name of practitioner being assessed		Ward / Department	
Name of assessor		Date of assessment	
1. Nasal Bridle Insertion			Achieved Please tick
			Yes No
1.1	Explains procedure and rationale correctly to the patient and seeks verbal informed consent or Best Interest's Decision		
1.2	Gathers required equipment and positions patient correctly		
1.3	Washes hands, puts on apron and gloves		
1.4	Cleans/clears nostrils and provide oral care		
1.5	Agrees stop signal with the patient prior to commencing procedure		
1.6	Examines nasal bridle for defects/expiry		
1.7	Correctly lubricates both probes		
1.8	Inserts probes correctly		
1.9	Able to identify magnet connection		
1.10	Once contact occurs, removes stylet correctly		
1.11	Lubricates ribbon and withdraws retrieving probe until only ribbon is in the nose		
Nasal Bridle placement completed correctly: level achieved (1 – 3)			
Evidence for decision			
2. Securing and tying the bridle			Achieved Please tick
			Yes No
2.1	Using scissors, cuts the catheter away from ribbon		
2.2	Lay feeding tube into deep channel of clip and correctly positions and shuts clip		
2.3	Correctly ties ribbon of bridle and secures to tube to cheek		
2.4	Ensure patient comfort		
2.5	Dispose of all waste according to Cardiff and Vale UHB		
2.6	Document the details of the bridle insertion in patient's notes		
Nasal Bridle secured: level achieved (1 – 3)			
Successful completion of assessment			Yes No
Assessor Signature		Practitioner's Signature	

Nasal Bridle Insertion Statement of Competence

When this programme of learning is complete, ask your assessor to complete this statement of competence. Your manager and assessor will be required to keep a copy of this statement in your personal file.

Keep the completed competencies in your professional portfolio.

Completion of these competencies must be reported to the Nutrition Support Team. Email a photocopy of this statement of competence to:

Katherine.gallagher@wales.nhs.uk

Sarah.galliford@wales.nhs.uk

Statement of Competence:

I confirm that the practitioner named below has:

1. Demonstrated the knowledge required for safe insertion of nasal bridles
2. Been assessed inserting 2 nasal bridles on 2 patients and has demonstrated competence on all 2 occasions
3. Has fully completed the assessments required in this programme of learning and can now insert nasal bridles tubes independently

Name of Practitioner		
Practitioner Signature		Date
Place of work		
Name of Assessor		
Assessor Signature		Date