

CLINICAL CHAMPION HUDDLE



BRIDLE PLACEMENT AND REMOVAL

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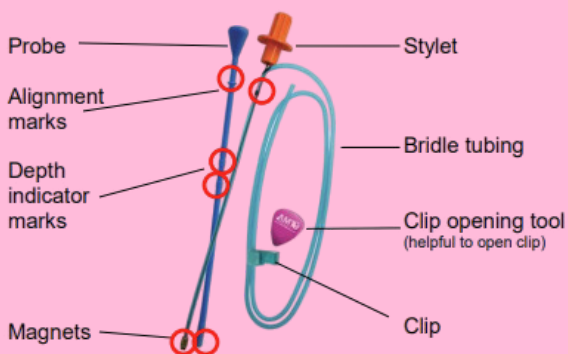
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INDICATIONS FOR PLACEMENT



A Bridle can be used for securing NG tubes.

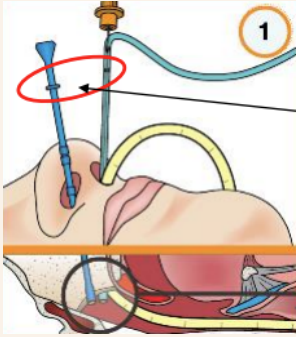
- Should be used for patients discharging home with NG Tubes
- Can help decrease costs to families (if a patient pulls out a NG tube at home, they will need to return to ED or clinic)
- Decrease medical trauma
- Adhesives are not needed after bridle is placed.

Patients should have a bridle placed if they have a history of removing NG tubes or will be discharged with an NG tube.

Contraindications: Nasal airway obstructions or abnormalities, facial or cranial fractures, immediately post septoplasty, and vomer bone graft. For patients with platelets less than 100k/u, a provider order is required.

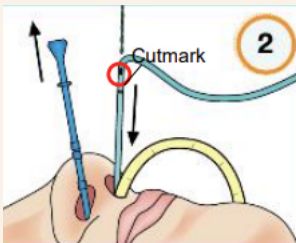
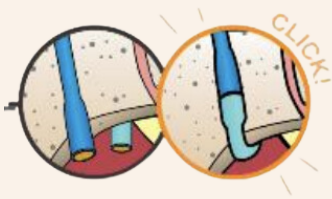


HOW TO PLACE



Select bridle. The correct size bridle corresponds with the size NG tube for the patient. Kit includes lubricant, but it is not necessary for bridle placement.

Advance probe along bottom of nostril (towards back of throat) on opposite side where NG tube will be placed. Insert stylet with bridle catheter along bottom of other nostril (towards back of throat) until magnets connect. Ensure alignment markers are at the same level. If having difficulty connecting magnets. Gently twist probe from side to side or up and down to encourage contact between magnets. Advance probe and stylet to second depth indicator mark. Once magnets connect, remove stylet from bridle catheter.

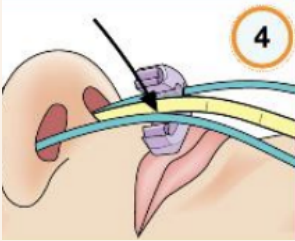


Slowly remove probe. Continue until cutmark (second black mark) on the bridle tubing is completely pulled up and through one nostril and at least a couple of inches outside opposite nostril. If bridle tubing does not advance out of opposite nostril, remove bridle tubing, reinsert stylet into bridle tubing and repeat previous steps. Insert NG tube, if not already in place.

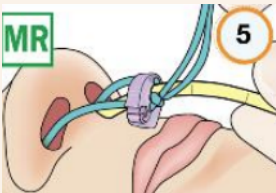
HOW TO PLACE



Cut off excess bridge tube with magnets, black markings, and probe, leaving enough excess tubing to tie a simple knot. Slide clip up tubing, close to, but not touching nostril. Wipe off excess lubricant from NG tube insertion, if applicable.



Place NG tube in clip channel first, and then place loose strand of bridge tubing in clip. Ensure proper position of NG tube, bridge tubing, and clip prior to closure. Firmly snap clip closed. Gently pull-on bridge tubing ends to verify clip is closed.



Tie the two strands of bridge tubing together in a simple knot below the clip and cut excess bridge tubing $\frac{1}{2}$ inch below the knot. If NG tube was placed post bridge insertion, confirm NG tube placement prior to cutting excess bridge tubing. Ensure clip has not moved closer to nostril after tying knot.

SCAN
ME! >>>



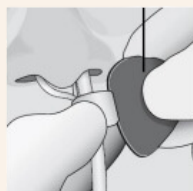
Bridle Placement Video

HOW TO REMOVE

If replacing/reinserting only the NG tube, the bridle may be left in place

IF REMOVING ONLY THE BRIDLE

Open the clip and secure NG tube. Cut the bridle tubing opposite of the clip. Gently remove bridle.



To use clip opening tool, push tool into groove and pivot tool slightly to open clip

IF REMOVING BOTH BRIDLE AND NG TUBE

Cut the bridle tubing opposite the clip and remove the bridle with the NG tube.



HELPFUL TIPS



SUCTION!

It can be helpful to suction the patient's nares prior to placing the bridle.

ALIGN !

Insertion probe and bridle must be aligned when inserting

GO BACK!

Aim the insertion probe and bridle to the back of the nare, not up! Similar to a NP swab.

CALL!

Consider calling child life to assist with NG tube and bridle placement

PRACTICE!

Reach out to your unit educator for resources in practicing bridle placement

Questions?

Please reach out to your clinical champion or educator.