

Policy on the insertion and use of an AMT Nasal Bridle Fixation Device to Secure a Nasogastric/Nasojejunal Feeding Tube

| | |
|---|---|
| Department / Service: | Nursing |
| Originator: | |
| Accountable Director: | Dr Thea Haldane |
| Approved by: | Nutrition and Hydration Steering Group, Trust Mangement Executive |
| Date of Approval: | 14 th December 2021 |
| Review Date: | 14 th December 2024 |
| This is the most current document and should be used until a revised version is in place | |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments: | |
| Target staff categories: | Doctors, Specialist nurses, Registered Nurses and Dietitians |

Policy Overview:

This policy provides evidence based guidance for the safe and effective use of the AMT Nasal Bridle Fixation Device to secure nasogastric/nasojejunal (NG/NJ) tubes in adults. The policy is intended to apply to all adult patients within the organisation who have been deemed to require a nasal bridle fixation device with the objective to provide optimal nutrition, minimise discomfort and avoid complications of multiple NG/NJ tube insertions.

| Date | Amendment | Approved by: |
|----------------------------|--|---|
| 21 st June 2016 | Review by Safeguarding Adult – Mental Capacity Flow Chart | Nutrition and Hydration Committee on 22nd August 2016 |
| June 2018 | Document extended for 3 months as per TLG recommendation | TLG |
| June 2020 | Document extended for 6 months whilst the document is being reviewed | Thea Haldane |
| February 2021 | Document extended as per Trust agreement 11.02.2021 | |
| August 2021 | Document extended for 3 months whilst the document is being reviewed | Jingjing Ruan |
| December 2021 | Review by Dr Haldane, no amendments | Nutrition and Hydration Steering Group |

Policy on the Use of an AMT Nasal Bridle Fixation Device to Secure a Nasogastric/ Nasojejunal Feeding Tube

INTRODUCTION

Nutrition plays an integral part in the care of all patients, especially those who are critically ill or severely malnourished. Malnutrition in hospitals is linked to poor outcomes and increased morbidity and mortality in hospitalised patients ¹. Patients who are malnourished or deemed to be at high risk of malnutrition may be considered for nasogastric or nasojejunal (NG/NJ) tube feeding ². NG/NJ tube feeding involves the delivery of a nutritionally complete feed directly into the gut via a tube. These tubes provide a cost effective, clinically desirable method for short term nutritional repletion ³.

NG/NJ tubes may become easily dislodged due to a patient's mental status, transfers or positional changes ⁴. Accidental feeding tube dislodgement is common in those receiving NG/NJ feeding, with reported incidence to be 40% ³. Tube dislodgment and reinsertion exposes patients to risk and consumes hospital resources ⁵.

Traditionally, NG/NJ feeding tubes have been secured by taping or suturing, however, these methods are deemed to be a relatively ineffective and painful ⁶. The nasal bridle fixation device was developed to secure NG/NJ feeding tubes as an alternative to traditional methods.

The bridling technique requires the placement of a loop of umbilical tape through one naris, around the nasal septum, and then back out the other naris as a bridle to which a nasogastric tube can be secured and prevent tube dislodgement.

Benefits of the nasal bridle

Nasal bridles are recommended for patients at risk of inadvertent or accidental dislodgment of the nasogastric tube. Studies have evidenced multiple benefits of nasal bridles

- Avoids unnecessary gastrostomy tube placement ³
- Optimises nutrition ⁴
- Avoids complications and patient discomfort of multiple insertions of the NG/NJ tubes ⁴
- Reduces health care costs associated with multiple NG/NJ insertions ^{6,7}

Indications

The policy is intended to apply to all adult patients within the organisation who have been deemed to require an AMT nasal bridle fixation device. This is considered as a routine procedure and should therefore only be performed during the hours of Monday- Friday 08:00-18:00.

The insertion of an AMT nasal bridle fixation device should be considered if the following criteria are met:

- Any patient who has had 2-3 unscheduled nasogastric tube removals in a 48 hour period
- Difficult tube insertion requiring ENT assistance
- All Endoscopically placed NG or NJ tubes
- Long term NG/NJ tube feeding required if gastrostomy insertion inappropriate particularly if the patient is to be discharged to their own home or a Nursing Home with the NG/NJ tube
- Prevent accidental removal of the NG/NJ tube

Contraindications

The insertion of an AMT nasal bridle fixation device is contraindicated in the following groups of patients:

- Extremely agitated and confused patients who may continue to pull at the NG/ NJ tube and cause trauma to the nasal septum.
- Patients with basal skull, anterior or general facial fractures
- Patients with a deviated or perforated nasal septum
- Patients with any structural deformity of the nose or nasopharynx
- Patients with a severe clotting disorder / deranged INR (greater than 1.3)
- Patients with mechanical obstruction of the nasal airway
- Patients who have had recent Radiotherapy to the nose
- Thrombolytic therapy for acute stroke or MI in the last 5 days (discuss with consultant)

Caution must be exercised on patients with behavioural issues or agitation if they are likely to pull repeatedly on the AMT nasal bridle fixation device - see section on indications for removal.

Complications

The potential complications of an AMT nasal bridle fixation device include:

- Epistaxis
- Rhinitis
- Sinusitis
- Pressure sores to the nasal area

A daily nursing checklist must be completed (**See Appendix 3**) and any 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. Due consideration should be given to recording adverse events on Datix.

Assessment Process

The decision to place an AMT nasal bridle fixation device should be within an MDT setting including the Medical Team, Dietitian, Speech and Language Therapist and Specialist nurse. The AMT nasal bridle fixation device management checklist must be completed prior to insertion of an AMT nasal bridle to ensure that the patient meets the criteria for insertion -**See Appendix 1**.

Once the management checklist has been completed and the patient is deemed appropriate for an AMT nasal bridle fixation device the following should happen:

| | | |
|--|--------------|------------------|
| Policy on the insertion and use of an AMT Nasal Bridle Fixation Device to Secure a Nasogastric/Nasojejunal Feeding Tube | | |
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- The patient should be referred to an appropriately trained member of staff for insertion of the AMT nasal bridle fixation device.
- The management checklist should be placed in the patient's medical notes as a record of the assessment process.

Consent/ Mental capacity:

The medical team responsible for the patient must assess whether the patient has capacity to consent to the procedure in line with the **Mental Capacity Act 2005**. If the patient is deemed to have capacity then consent must be gained before insertion proceeds. However, if they are deemed to not have capacity then it should be discussed with the next of kin (Although they may not be the decision maker) or a best interest's decision made – **See Appendix 2**.

Insertion of AMT Nasal Bridle Device - Competency for Insertion

Once the medical team have formally assessed the patient's suitability for insertion of the AMT nasal bridle fixation device, then only those health care professionals who have completed the competency programme may insert the nasal bridle. The competencies required for this are contained in **Appendix 3**. A detailed procedure for insertion of an AMT Nasal Bridle Fixation Device is contained in Appendix 4

Competency for the maintenance of an AMT Nasal Bridle Device.

Nursing staff who are involved with the care of patients who have an AMT Nasal Bridle Device will need to have received appropriate training and be assessed as competent. A daily nursing checklist of the AMT Nasal Bridle Fixation Device is contained in **Appendix 5** and the competencies are contained in **Appendix 7**.

Dislodged Nasogastric tubes

It is still possible for a tube to become dislodged despite an AMT nasal bridle fixation device being insitu, either deliberately by the patient or accidentally during vomiting. The tube position must continue to be checked prior to each episode of use as per the **Nasogastric Feeding Tube Insertion and Care Guideline WAHT-NUR-065**.

Indications for removal of the AMT nasal bridle fixation device

- If the patient has previously consented to the bridle and then withdraws consent, or if the patient becomes distressed by the nasal bridle then it must be removed whether the bridle has been assessed as being in the patient's best interests or not.
- If epistaxis occurs then medical advice should be sought about the continued use of the nasal bridle.
- If the patient continues to pull on the NG/NJ tube despite the use of the nasal bridle then it should be removed.
- If it is deemed that the patient no longer requires an NG/NJ tube the nasal bridle should also be removed.

Procedure for removal of the AMT nasal bridle fixation device – Appendix 6**Order system**

The AMT nasal bridle fixation device can be obtained through direct purchase with Enteral UK – contact Procurement for more information.

Order Codes:

| Combo Code | Description |
|-------------|-----------------------------|
| 4-4106NC | 6Fr Bridle + 6Fr NC 80cm |
| 4-4108NC | 8Fr Bridle +8Fr NC 92cm |
| 4-4110NC | 10Fr Bridle + 10Fr NC 92cm |
| 4-4112NC | 12Fr Bridle + 12 Fr NC 92cm |
| 4-4108NC120 | 8Fr Bridle + 8Fr NC 120cm |

Monitoring Tool:

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|---|---|---|---|---|----------------------------|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| Appendix 1 | Staff adherence to AMT nasal bridle fixation device standards | Audit completion of the nasal bridle insertion checklist | Twice yearly | Lead nurse practitioner | Nutrition & Hydration Steering group | Annually |
| Appendix 5 | Staff adherence to AMT nasal bridle fixation device maintenance standards | Audit completion of the nasal bridle management checklist | Twice yearly | Lead nurse practitioner | Nutrition & Hydration Steering Group | Annually |
| Data collection & audit | Effectiveness of AMT nasal bridle fixation device at preventing accidental removal of NJ/NG tube | Analysis of data from cases | Twice yearly | Lead nurse practitioner | Nutrition & Hydration Steering group | Annually |

References

1. Norman et al (2008) *Prognostic impact of disease-related malnutrition* Clinical Nutrition. Vol 27(1):5-15.
2. NICE (2006) *Nutrition support in adults oral nutrition support, enteral tube feeding and parental nutrition*.
3. Power et al (2010) *The nasal bridle: A useful approach to prevent the dislodgement of feeding tubes*. European e-journal of clinical Nutrition & Metabolism. Vol 5, 73-76
4. Sedar et al (2010) *Nasal bridling decreases feeding tube dislodgement and may increase caloric intake in the surgical intensive care unit: A randomized, controlled trial*. Critical care Medicine. Vol 38 (3), 797-801
5. Gunn et al (2009) *Use of a nasal bridle prevents accidental nasoenteral feeding tube removal*. Journal of Parenteral and Enteral Nutrition. Vol 33 (1)
6. Bechtold et al (2014) *Nasal bridles for Securing Nasoenteric Tubes : A Meta analysis*. Nutrition Clinical Practice. Vol 29 (5), 667-671
7. Sedar (2008) *The routine bridling of nasojejunal tubes is safe and effective method of reducing dislodgement in the intensive care unit*. Nutrition in Clinical Practice. Vol 23 (6), 651-654

Appendix 1 – AMT Nasal Bridle Fixation Device Checklist

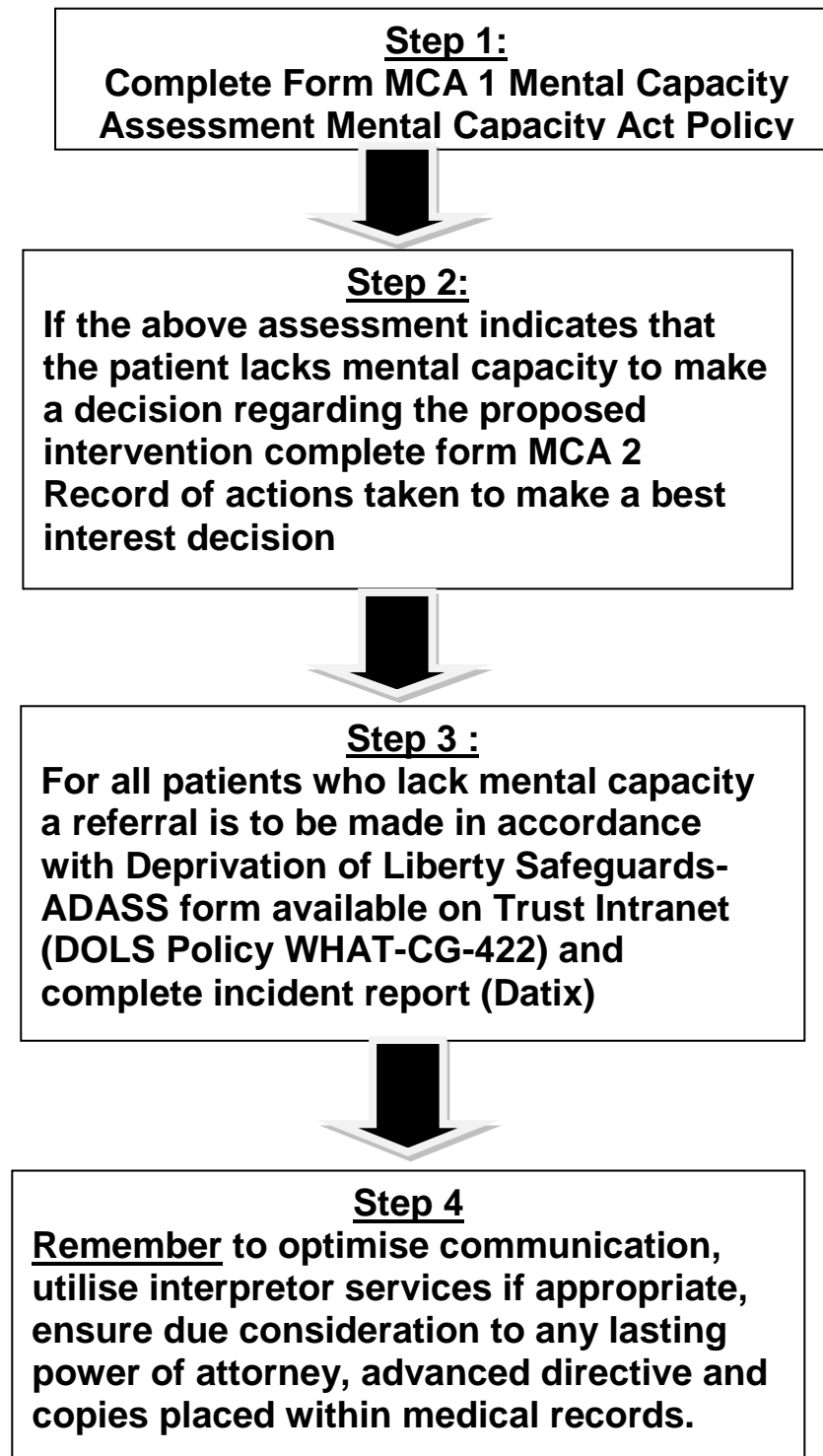
This form must be completed by a member of the medical team before an AMT Nasal Bridle fixation device is inserted

| |
|--|
| State rationale for the insertion of an AMT nasal bridle fixation device: |
| <p>Does the patient have capacity to make and communicate decisions about a nasal bridle? Yes or No</p> <p>Has the patient given their consent for a nasal bridle? Yes or No</p> <p>If No, has their lasting power of attorney donee, or their Independent mental capacity advocate (IMCA) been involved in the decision making process for the insertion of the AMT nasal bridle fixation device? Yes or No</p> <p>If you deem that the patient may lack capacity to the proposed intervention proceed to Appendix 2</p> |
| Number of NG/NJ tubes pulled out over a 48 hour period..... |
| <p>Please answer the following questions in relation to the patient and circle yes/no</p> <ul style="list-style-type: none"> • Is extremely confused/likely to pull at NG/NJ tubes causing trauma to nasal septum Yes/No • Has basal skull fractures Yes/No • Deviated or perforated nasal septum Yes/No • Structural deformity of the nose or nasopharynx Yes/No • Has a severe clotting disorder/deranged INR (greater than 1.3) Yes/No • Has a mechanical obstruction of the nasal airway Yes/No • Has had recent radiotherapy to the nose Yes/No • Thrombolytic therapy for acute stroke or MI in the last 5 days Yes/No <p>(If yes, please discuss with consultant)</p> <p>If you have answered 'yes' to any of the above then the insertion of an AMT Nasal bridle fixation device is contraindicated.</p> <p>Please re-evaluate nutritional care plan e.g. consider Mittens policy or PEG policy.</p> |

Nasal Bridle insertion requested by (print name) _____

Signature _____ Date _____

Appendix 2 – Mental capacity



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Appendix 3 – Criteria for competence

END COMPETENCE: The safe insertion of an AMT Nasal Bridle to secure a nasogastric/nasojejunal feeding tube.

Date(s) of Education and Supervised Practice:

Name of registered practitioner:

Name of supervisor

| Element of Competence To Be Achieved | Date | Practitioner signature | Supervisor signature |
|---|-------------|-------------------------------|-----------------------------|
| Describe the anatomy of the nose | | | |
| Demonstrate competency in the passing of a fine bore nasogastric tube in accordance with Trust Guidelines | | | |
| Discuss the following in accordance with the Policy on the use of an AMT Nasal Bridle Fixation Device to secure a NG/NJ feeding tube: <ul style="list-style-type: none"> • Indications • Contraindications • Limitations | | | |
| Demonstrate the procedure for the insertion of a nasal bridle to include: <ul style="list-style-type: none"> • Provision of information to the patient and patient consent • Preparation of the patient (i.e. positioned comfortably) • Preparation of equipment • Insertion of placement catheter and retrieval probe • Correct placement and closure of the retaining clip | | | |
| Demonstrate correct disposal of waste | | | |
| Demonstrate safe infection control procedures at all times | | | |
| Discuss under what circumstances the procedure should be stopped and when to seek advice from the Consultant/Medical Team | | | |

Evidence of Supervised Practice

To become a competent practitioner, it is the responsibility of each registered practitioner to undertake supervised practice in order to perform the insertion of an AMT Nasal Bridle Fixation Device in a safe and skilled manner.

Name of Practitioner:

| DATE | DETAILS OF PROCEDURE | COMMENTS | OBSERVED BY | SIGNATURE AND DESIGNATION |
|-------------|-----------------------------|-----------------|--------------------|----------------------------------|
| | | | | |
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Appendix 4

Procedure for insertion of an AMT Nasal Bridle Fixation Device:

Equipment:

- Apron
- Alcohol-based hand rub
- Non-sterile gloves (double gloving maybe considered due to gloves becoming slippery from the lubricating gel - remove top gloves after insertion)
- Protective face mask or visor if required.
- Nasogastric tube of appropriate size
- AMT™ Nasal Bridle pack
- 20-50ml enteral syringe
- Glass of water/straw (if appropriate)
- Oral sponges
- Tissues
- Receiver
- Clean scissors

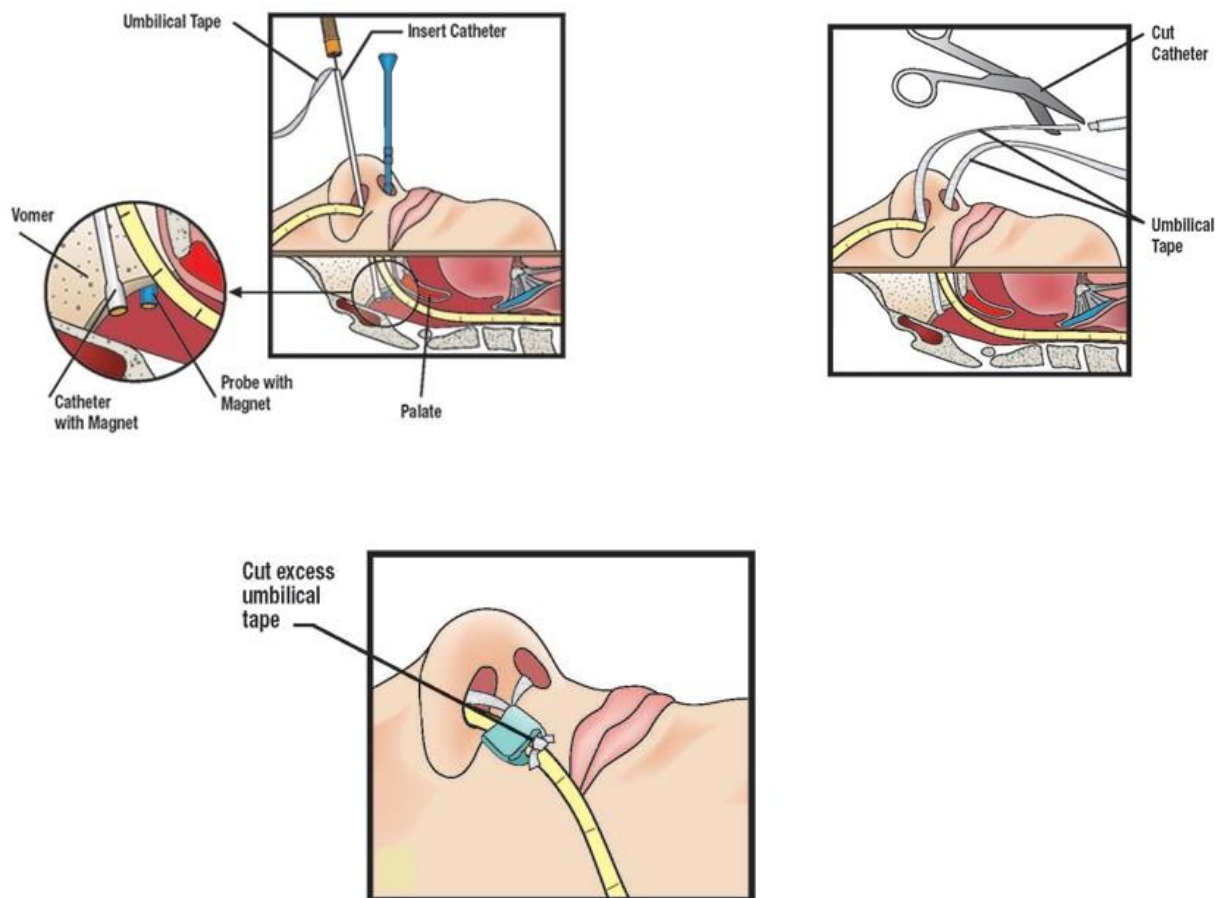
Procedure

- 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 regarding the mental capacity assessment.
- 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 Worcestershire Acute Hospitals Trust Nasogastric Feeding Tube Insertion and Care Guidelines- Adult (WAHT – NUR – 065) before placing the nasal bridle.
- Lubricate both nasal bridle probes and the tape 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 white bridle catheter into the opposite nostril and align the marker on the blue probe with the black marker on the white catheter. An audible click signifies contact between the magnets, this should also be felt tactilely.
- 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 white bridle catheter and the retrieving probe to the second mark.
- Once contact has occurred, remove the stylet completely from the white bridle catheter.
- Slowly withdraw the blue retrieving probe while allowing the white bridle catheter to advance into the nose. Continue until only the cloth umbilical tape is in the nose.
- Using scissors cut the white 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 umbilical tape, which is in the same nostril as the nasogastric tube, into the retention clip's deep channel.
- Lay the feeding tube into the deep channel on top of the umbilical tape. The retention clip should be positioned just beyond the tip of the nose.

- Fold the two halves of the retention clip together and press tightly until the clip snaps shut. Double click to verify clip is fully closed.

Note: If the retention clip needs to be repositioned use the pink removal device found in the pack

- After the retention clip has been fully closed, tie the unsecured umbilical tape above the retention clip creating a simple knot. Then tie both tapes together securely below the retention clip using a series of knots.
- Monitor the patient for an hour following placement and observe for signs of discomfort e.g. complaining of a headache, this would indicate that the tape is too tight and needs readjusting. Use the pink removal device found in the pack to open the retention clip.
- Once satisfied the nasal bridle is in the correct position 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 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 Worcestershire Acute Hospital Trusts waste management policies.



Appendix 5

Procedure and daily checklist for maintenance of nasal bridge

Patient label

Daily Nursing maintenance checklist:

Nasal Bridge inserted on:

Position of NG/NJ tube at distal end of the bridge clip:

The AMT nasal bridge to be checked at least once daily - Please answer the following questions in relation to the patient and circle yes/no

| Daily nursing checks required | Date: | Date: | Date: | Date: |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Nasal Bridge still required | Yes No | Yes No | Yes No | Yes No |
| Is the nasal bridge clip secure? | Yes No | Yes No | Yes No | Yes No |
| Position of NG/NJ tube at distal end of bridge clip (refer to position on insertion) | | | | |
| Any signs of NG/NJ tube migration | Yes No | Yes No | Yes No | Yes No |
| Any signs of pressure/tissue damage to the under-lying skin? | Yes No | Yes No | Yes No | Yes No |
| Any signs of soreness/pressure necrosis? E.g. redness, inflammation/swelling, irritation or bleeding? | Yes Is removal required? No | Yes Is removal required? No | Yes Is removal required? No | Yes Is removal required? No |
| Are the umbilical tapes twisted? | Yes No | Yes No | Yes No | Yes No |
| If yes, have the tapes been correctly positioned? | Yes No | Yes No | Yes No | Yes No |
| Patient agitated and pulling on NG tube? | Yes No | Yes No | Yes No | Yes No |
| If yes, is removal required? | Yes No | Yes No | Yes No | Yes No |
| NG tube still insitu and safe for use? | Yes No | Yes No | Yes No | Yes No |
| NGT and nasal bridge clean and dry | Yes No | Yes No | Yes No | Yes No |
| Daily cleaning of nostrils/ nasal bridge and barrier cream applied | Yes No | Yes No | Yes No | Yes No |
| Excessive secretions from nose | Yes No | Yes No | Yes No | Yes No |
| Any problems escalated to medical team | Yes No N/A | Yes No N/A | Yes No N/A | Yes No N/A |

Appendix 6

Procedure for the maintenance of the AMT Nasal Bridle

- The patient's NG tube should be monitored as per the **Nasogastric Feeding Tube Insertion and Care Guideline WAHT-NUR-065**.
- In addition, the patient should be monitored daily for signs of nasal trauma as a result of the patient pulling on the tube, or irritation caused by the tape rubbing against the nasal passage, sinusitis and tube migration. **(See Appendix 5 - for Daily care record sheet).**

Equipment

- Apron
- Alcohol-based hand rub
- 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 areas for pressure sores or other damage – any redness that occurs usually settles with Vaseline.
- Clean the external areas and the nasal bridle with warm water or 0.9% saline and an oral sponge.
- Observe the presence or absence of purulent secretions from the nose or in the mouth or oropharynx.
- Move the nasal bridle gently up and down and side to side once per day as this helps reduce crusting at the back of the nose
- Observe for any signs of tube migration. NB: The position of the nasogastric tube must be confirmed as per Worcestershire Acute Hospitals Trust procedure.
- Document findings on daily care record sheet (Appendix 5)

The Medical Team must review all patients who become very agitated and are pulling aggressively at the NG / NJ tube as this could potentially cause damage to the nasal septum. The team must assess whether the nasal bridle needs to be removed **(See Procedure for the removal of the AMT nasal bridle, appendix 8).**

Note:

Should a patient pull their NG tube with prolonged, excessive force, the NG tube will stretch and narrow slightly in its outside diameter. This gradually released the clip's hold on the NG tube – allowing it to slide through before damage to the nasal septum occurs.

Appendix 7

Worcestershire Acute Hospitals NHS Trust

Assessment of Competency for care of an AMT Nasal Bridle Fixation Device

ASSESSMENT SPECIFICATION: The candidate should be able to demonstrate competence in maintaining an AMT Nasal Bridle Fixation Device
ASSESSMENT INFORMATION: The following knowledge evidence and performance criteria will need to be met
KNOWLEDGE EVIDENCE: It is recommended that you complete five supervised practices
a) Understand the rationale and need for an AMT Nasal Bridle Fixation Device
b) Discuss the role, responsibility and accountability with reference to the Code of Professional Conduct
c) Demonstrate the procedure for caring for a patient with a Nasal Bridle Fixation Device

Please complete the competencies within 6-8 weeks of attending the course
Any problems, please contact Professional Development Team on Ext: 33737.

Clinical Supervisor (please print): Signature: Date:
Candidate (please print): Signature: Date:
Ward/Department: Directorate/ PCT: Location:

Comments by Supervisor

Comments by Candidate:

When you have completed your competencies a copy should be retained as evidence of your competency for your professional portfolio and a PHOTOCOPY of this form sent to your manager for your personal folder and to Learning & Development Team, Charles Hastings Education Centre, WRH.

Performance Criteria for Assessment of Competency for the care of an AMT Nasal Bridle Fixation Device”

| PERFORMANCE CRITERIA | | 1 | 2 | 3 |
|----------------------|--|---|---|---|
| 1 | Patient Preparation | | | |
| | Correct patient identified | | | |
| | Explanation of procedure given | | | |
| | Obtain informed consent and ensure that the procedure is performed maintaining the patient's dignity | | | |
| 2 | Equipment Preparation | | | |
| | Collect non sterile gloves, apron, eye protection and alcohol based hand cleaner, | | | |
| 3 | Procedure | | | |
| | <ul style="list-style-type: none"> Wash your hands and put on gloves, apron and eye protection if appropriate | | | |
| | <ul style="list-style-type: none"> Ensure that the nasal bridle clip is secure. If it is not secure demonstrate how they would make it secure | | | |
| | <ul style="list-style-type: none"> Check the Position of NG/NJ tube at distal end of bridle clip (refer to position on insertion) | | | |
| | <ul style="list-style-type: none"> Check if there are any signs of NG/NJ tube migration – be able to demonstrate or verbally state how they would deal with this | | | |
| | <ul style="list-style-type: none"> Check if there any signs of pressure/tissue damage to the under-lying skin – be able to demonstrate or verbally state how they would deal with this | | | |
| | <ul style="list-style-type: none"> Check whether the umbilical tapes are twisted and are correctly positioned – if this is a problem be able to demonstrate or verbally state how they would deal with this | | | |
| | <ul style="list-style-type: none"> Check whether the NG/ NJ tube is still safe for use – be able to demonstrate the use of pH testing and be able to demonstrate or verbally state how they would deal with this if the tube is not in the correct position | | | |
| | <ul style="list-style-type: none"> Check nostril to ensure that they are clean and that there are not excessive secretions – apply barrier cream as appropriate | | | |
| | <ul style="list-style-type: none"> Be able to demonstrate how they would escalate concerns regarding placement of nasal bridle to medical staff | | | |

Trust Policy

I declare that I have supervised this practitioner and found him/her to be competent as judged by these knowledge and performance criteria for the care of a patient with a nasal bridle

Clinical Supervisor (*please print*):

Signature: Date:

Appendix 8

Procedure for the removal of the AMT nasal bridle fixation device

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

Equipment

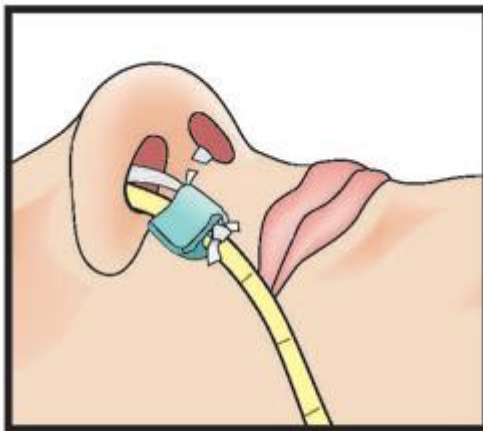
- Apron
- Alcohol-based hand rub
- Non-sterile gloves
- Scissors

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 to Worcestershire Acute Hospitals NHS Trust Policy on the disposal of clinical waste.

See video link for a demonstration at:

<http://www.appliedmedical.net/BridleVideo/bridleVideosWindow.html>



Appendix 9

Worcestershire Acute Hospitals NHS Trust

Assessment of Competency for removal of an AMT Nasal Bridle Fixation Device

ASSESSMENT SPECIFICATION: The candidate should be able to demonstrate competence in maintaining an AMT Nasal Bridle Fixation Device
 The following knowledge evidence and performance criteria will need to be met

ASSESSMENT INFORMATION: It is recommended that you complete five supervised practices
 You will need to be assessed by a registered practitioner with these competencies

KNOWLEDGE EVIDENCE: The candidate should be able to:

- a) Understand the rationale and need for an AMT Nasal Bridle
- b) Discuss the role, responsibility and accountability with reference to the Code of Professional Conduct
- c) Demonstrate the procedure for caring for a patient with a Nasal Bridle Fixation Device *(If the candidate still feels they lack competence after completing their competencies they should seek further training or supervised practice)*

Please complete the competencies within 6-8 weeks of attending the course
Any problems, please contact Professional Development Team on Ext: 33737.

Clinical Supervisor (please print): Signature: Date:

Candidate (please print): Signature: Date:

Ward/Department: Directorate/ PCT: Location:

Comments by Supervisor

Comments by Candidate:

When you have completed your competencies a copy should be retained as evidence of your competency for your professional portfolio and a PHOTOCOPY of this form sent to your manager for your personal folder and to Learning & Development Team, Charles Hastings Education Centre, WRH.

Performance Criteria for Assessment of Competency for Removal of an AMT Nasal Bridle Fixation Device

| PERFORMANCE CRITERIA | | 1 | 2 |
|--|--|---|---|
| 1 Patient Preparation | | | |
| Correct patient identified | | | |
| Explanation of procedure given | | | |
| Obtain informed consent and ensure that the procedure is performed maintaining the patient's dignity | | | |
| 2 Equipment Preparation | | | |
| Collect non sterile gloves, apron, eye protection, alcohol based hand cleaner and scissors | | | |
| 3 Procedure | | | |
| <ul style="list-style-type: none"> Wash your hands and put on gloves, apron and eye protection if appropriate Ensure that patient is in a comfortable position Cut the nasal bridle umbilical cord on one side between the nose and clip Gently pull both the bridle and feeding tube out of the nose Dispose of all waste according to Trust policy Document the removal of the nasal bridle and tube appropriately | | | |

I declare that I have supervised this practitioner and found him/her to be competent as judged by these knowledge and performance criteria for the removal of a Nasal Bridle Fixation Device

Clinical Supervisor (*please print*):

Signature: Date:

Contribution List

This key document has been circulated to the following individuals for consultation;

| |
|---|
| Designation |
| Dr N Ribiero, stroke physician |
| Dr T. Haldane, Gastroenterology Consultant |
| Dr S Graystone, Anaesthetics Consultant |
| Dr N Heron, Palliative Care Consultant |
| Morag Ingles, Head of SLT and dietetics |
| Elaine Bethell, Lead Nurse for Tissue Viability |
| Sarah Pritchard, Dietician |
| Carl Robinson, Dietician |
| Lottie Martyn-Smith |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| |
|--|
| Committee |
| Dr Haldane, Nutrition MDT at Worcester |
| Clare Hubbard – Deputy Chief Nurse, chair of nutrition and hydration |
| TME |
| |

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

| | | | | | |
|--|---|-------------------------------|--|----------------------|--|
| Herefordshire & Worcestershire STP | | Herefordshire Council | | Herefordshire CCG | |
| Worcestershire Acute Hospitals NHS Trust | x | Worcestershire County Council | | Worcestershire CCGs | |
| Worcestershire Health and Care NHS Trust | | Wye Valley NHS Trust | | Other (please state) | |

| | |
|----------------------------------|--|
| Name of Lead for Activity | |
|----------------------------------|--|

| | | | |
|--|-------------|------------------|-----------------------|
| Details of individuals completing this assessment | Name | Job title | e-mail contact |
| | | | |
| | | | |
| | | | |
| Date assessment completed | | | |

Section 2

| | | | | |
|--|---|--------------------------------|--------------------------------------|--|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | Title: Policy on the insertion and use of an AMT Nasal Bridle Fixation Device to Secure a Nasogastric/Nasojejunal Feeding Tube | | | |
| What is the aim, purpose and/or intended outcomes of this Activity? | See body of document | | | |
| Who will be affected by the development & implementation of this activity? | <input type="checkbox"/> Service User | <input type="checkbox"/> Staff | <input type="checkbox"/> Communities | |
| | <input checked="" type="checkbox"/> Patient | <input type="checkbox"/> | <input type="checkbox"/> Other _____ | |
| | <input type="checkbox"/> Carers | <input type="checkbox"/> | | |
| | <input type="checkbox"/> Visitors | <input type="checkbox"/> | | |
| Is this: | <input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence? | | | |

| | |
|--|----------------------|
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.) | See body of document |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required) | See body of document |
| Summary of relevant findings | See body of document |

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|----------------------------------|---------------------------------|----------------------------------|---|
| Age | | X | | |
| Disability | | X | | |
| Gender Reassignment | | X | | |
| Marriage & Civil Partnerships | | X | | |
| Pregnancy & Maternity | | X | | |
| Race including Traveling Communities | | X | | |
| Religion & Belief | | X | | |
| Sex | | X | | |
| Sexual Orientation | | X | | |
| Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.) | | X | | |
| Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | | X | | |

Section 4

| What actions will you take to mitigate any potential negative impacts? | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|---|-----------------|--|------------------------------|-----------|
| | N/A | | | |
| | | | | |
| | | | | |
| How will you monitor these actions? | | | | |
| When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation) | | | | |

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

| | |
|---|---------------------------------------|
| Signature of person completing EIA | Completed on behalf of document owner |
| Date signed | |
| Comments: | |
| Signature of person the Leader Person for this activity | |
| Date signed | |
| Comments: | |

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | £67. Costs are negated by cost of replacement NG/NJ |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.