

PEG in patients that are at increased risk from a 30 day mortality perspective.

Competing interests None.

Keywords nasal bridle.

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NASOBRIDLES AS A RETAINING DEVICE TO PROVIDE NUTRITION SUPPORT

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Introduction Nasogastric feeding tubes are displaced with an increased risk of aspiration and problems impacting on patient recovery/prognosis. Prior to the introduction of nasal bridles, options for patients who repeatedly self-removed NG tubes were limited. Gastrostomy devices would be inserted with the associated risks impacting on 30 day mortality. A bridle allows time to assess the patients' response to nutritional support without proceeding to PEG. Protocol dictates that a patient must have pulled out three feeding tubes before a bridle will be considered. Assessment includes risk of self-harm, contraindications, MDT involvement, rationale for use and appropriateness of device.

Aim To investigate the effectiveness of nasobridles on patient management and outcomes.

All patients referred to Nutrition Nurses for nasobridle assessment over a three year period reviewed. We analysed number of referrals, number of patients requiring an NG tube only, number that required a nasobridle and the effectiveness and complications of nasobridles.

Results NG tube and bridle placement occurred in the audit period of October 2007–October 2010. 302 referrals were received. 56 % (170) were placed, of these 14% (24) died with bridle in-situ. Those that proceeded to PEG were 18% (31). Those that died following gastrostomy insertion were 2% (3).

Bridle complications included; 4% (2) were displaced while the patient was being fed leading to aspiration pneumonia; 1.5%(1) pulled septum out. Minor complications included pulling NG through the bridle 11% (19), blocked NG 6% (10) and patients unpicking the bridle 2% (3). No reported incidents of ulceration or sinusitis since bridles being introduced.

44% (132) did not have bridles placed. The main reasons for not placing included 22% (30) were eating, 5% (7) died, 16%(22) 3 NG insertions had not been attempted and 4%(7) at risk of self-harm.

Conclusion

Appropriately managed bridles allow successful administration of medications/feed in patients that would previously have had delays. Allowing patients time to recover from illness or unfortunately die. A thorough assessment by dedicated specialists does prevent nasobridles from being inappropriately placed. Adverse complications of bridle placement are minimal and benefits outweigh potential complications. Issues with nursing staff cutting out bridles 6% (10) were highlighted. Education is important and the nutrition nurses provide training and support to staff also reviewing patients post placement. In conclusion nasobridles are an effective, efficient device that enhances patient care and prevents placement of