Shriners Hospitals for Children®

The Successful Use of a Bridle:

A New Way to Wrangle a Pediatric Nasal Feeding Tube

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Purpose/Objectives

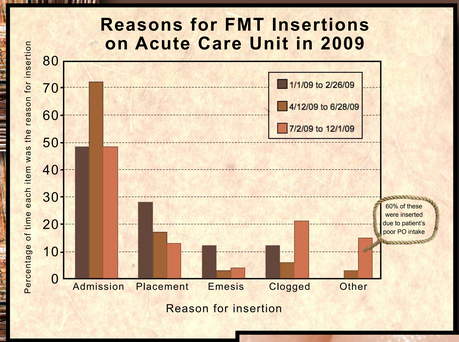
The maintaining and securing of any type of invasive line in the pediatric population has always proven to be a most challenging task. It is along these lines nursing has had to become most inventive. Patients at our specialized pediatric hospital often require long term nutritional support for several months at a time. Our method of delivery for this supplemental feeding is through a Fredrick miller tube that is placed under fluoroscopy into the first portion of the jejunum. Historically these tubes were secured via a small surgical staple in the nares and then the tube was tethered to the staple with a suture. Anecdotally it became a common held belief that these tubes were getting dislodged frequently due to patients pulling them out or that they got pulled out with patient transfers. A literature and product review was initiated to discover a new way to manage this tricky situation.

Description of Project

The first step involved a retrospective look at the reasons for tube replacement to determine if dislodgement was truly an issue. Two culprits became most evident – clogging and dislodgement. Collaboration with the pharmacy staff solved the clogging issues. To settle the dislodgement challenge the use of the Bridle product began. Staff were inserviced on its use and insertion methods. The Bridles were kept in a special location due to the high cost of each item. Product use then began. A few issues quickly became evident. First they could not be inserted if a patient was already nasally intubated. Second in some children the Bridle just could not be passed due to anatomical anomalies of the child. Third if they needed to be repositioned unsecuring and then resecuring them was nearly impossible. Lastly due to the prolonged amount of time the Bridles were in use the cloth ties inserted in the nares would begin to smell due to drainage and it was thought to be an infection risk.

Conclusions/Implications for Nursing Practice

The graphic below illustrates how replacement due to dislodgement fell from 28% to 13% since the institution of bridling. Our next venture will be to provide staff education on the risk for pressure area formation on the septum due to the bridle being too snuggly applied. We will also explore speaking with the manufacturer about ways to reposition the bridle and replacing the cloth piece that passes through the nose with one of plastic. This would decrease any infection risk. This project clearly shows that a change in nursing practice can go along way to improve patient outcomes. The patients have decreased fluoroscopy exposure, decreased pain and anxiety related to the procedure of tube replacement, decreased cost to the consumer due to decreased physician time, and decreased need for sedation for tube replacement.



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