Improving Nutritional Outcomes...

...Reducing Pullout Costs

AMT Bridle™ Nasal Tube Retaining System
Optimize Nutrition...

Inadvertent tube dislodgement interrupts feeding and leads to decreased caloric intake. The AMT Bridle system dramatically reduces feeding tube pullouts, resulting in improved caloric intake.

Consistent nutritional support plays an important role in the management of nutritional deficiencies and is part of the standard of care for critically ill patients.

Inadequately secured nasal tubes expose patients to risks including:
- Aspiration
- Pneumothorax
- Radiographic exposure
- Early and unnecessary transition to PEG/TPN
- Skin breakdown due to adhesive devices
- Sinusitis
- Pressure necrosis
- Interruptions to nutritional support

The AMT Bridle is easily placed by passing magnets within the nasopharynx, which allows umbilical tape to be looped around the vomer bone, and then anchored to the tube with a clip.

- 72% reduction in nasal tube pullouts over tape in 25 day study
- Placed in less than a minute
- No patient sedation required
- French size-specific clips to fit a variety of nasal tubes
- Secured without messy adhesive tape or sutures

“Based on our experience we enthusiastically encourage placement of the umbilical tape bridle via the magnet system”...

Improving Nutritional Outcomes with the AMT Bridle™ Nasal Tube Retaining System

Now available in pediatric sizes.

...Reduce Costs

Tube replacement is expensive and decreases clinician productivity. Studies suggest the incidence of unintentional tube removal is 40% or more.

The AMT Bridle Nasal Tube Retaining System will reduce:

- Cost of clinicians’ time to replace nasal tube
- Cost of extended length of stay due to sub-optimal nutrition
- Cost of new nasal tube, formula and supplies
- Cost of x-ray or fluoroscopy
- Unreimbursed expenses under managed care

1. Catheter and umbilical tape will advance to form loop.
2. Withdraw Probe
3. Place both strands of umbilical tape near the hinge of the clip.
4. Tie ends in a knot to secure. Trim excess.
5. Cut one strand of tape.

TO REMOVE:
The Protocol is to Bridle Every Patient, Every Time.

The New Standard of Care

Routine bridling has become the Standard of Care for many ICUs due to improved nutritional outcomes and cost management. Rather than restrict bridling to suspected “problem” patients, the cost savings have compelled universal use on all nasal tubes.

<table>
<thead>
<tr>
<th>Clip Size</th>
<th>Bridle Kit Order Number</th>
<th>Spare Clip Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5F (light yellow)</td>
<td>4-4105</td>
<td>4-4505</td>
</tr>
<tr>
<td>6F (purple)</td>
<td>4-4106</td>
<td>4-4506</td>
</tr>
<tr>
<td>8F (white)</td>
<td>4-4108</td>
<td>4-4508</td>
</tr>
<tr>
<td>10F (teal)</td>
<td>4-4110</td>
<td>4-4510</td>
</tr>
<tr>
<td>12F (dark blue)</td>
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<tr>
<td>14F (yellow)</td>
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<td>4-4514</td>
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<tr>
<td>16F (yellow)</td>
<td>4-4116</td>
<td>4-4516</td>
</tr>
<tr>
<td>18F (light blue)</td>
<td>4-4118</td>
<td>4-4518</td>
</tr>
</tbody>
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5 units per box
Each box contains 5 clips.

"In conclusion, we found that, by using this unique bridle that can be placed by a nurse instead of a physician as a routine tube fixation strategy, we significantly reduced the proportion and rate of accidental tube removal and found an increased tube ‘survival.’"


Other References:
"Use of a Nasal Bridle Prevents Accidental Nasoenteral Feeding Tube Removal." Scott R. Gunn, MD; Barbara J. Early RN; Mazen S. Zenati, MD, MPH, PhD; Juan B. Ochoa, MD, FACS. JPEN Journal of Parenteral and Enteral Nutrition 2009; 33 (1) 50-54.

"The Routine Bridling of Tubes Is a Safe and Effective Method of Reducing Dislodgement in the Intensive Care Unit." Christopher W. Seder, MD; Randy Janczyk, MD. NCP Nutrition in Clinical Practice 2008-2009; 23 (6) 651-654. Nasojejunal

"Nasal Bridling Decreases Feeding Tube Dislodgement and May Increase Caloric Intake in the Surgical Intensive Care Unit: A Randomized, Controlled Trial." Christopher W. Seder, MD; William Stockdale, RN; Linda Hale, RN; Randy J. Janczyk, MD, FACS. Critical Care Medicine 2010, Vol. 38 No. 3.