**Policy And Procedure For The Insertion, Management And Removal Of The Nasal Bridle Fixation Device For Naso-Enteral Tubes In Adults**

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**Brief Summary of Document:**
This policy relates to the use of the AMT nasal bridle tube retaining device for the fixation of naso-enteral feeding tubes. It applies to all health care practitioners involved in the decision making / recommendation / and / or use of the nasal bridle

**To be read in conjunction with:**
- Guidance on the Mental Capacity Act (HD018)
- Restraint policy (197)
- Enteral feeding Policy for Adults with Operational Guidelines (331)
- Policy for the use of hand control mittens (171)

**Classification:** Clinical

**Category:** Policy

**Freedom Of Information Status:** Closed

**Authorised by:**
Caroline Oakley

**Job Title:** Director of Nursing & Midwifery

**Signature:** A signed copy of this document is stored with Corporate Services
**Policy and Procedure for the Insertion, Management and Removal of the Nasal Bridle Fixation Device for Naso-Enteral Tubes in Adults**

### Responsible Officer/Author:
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- **Job Title:** Lead CNS Nutrition

### Contact Details:
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- **Base:** Glangwili General Hospital
- **Tel No:** 01267227067
- **E-mail:** Linda.morgan@wales.nhs.uk

### Scope

<table>
<thead>
<tr>
<th>ORGANISATION WIDE</th>
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### Staff Group

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### Consultation

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<td>Virtual Nutrition Group</td>
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<td>CEAC</td>
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### Ratifying Authority

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<th>KEY</th>
<th>COMMENTS/POINTS TO NOTE</th>
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<tr>
<td>25.8.2011</td>
<td>Linda Morgan</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>Jackie Hooper</td>
<td></td>
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</tbody>
</table>

Please enter any keywords to be used in the policy search system to enable staff to locate this policy:
- Nasal, bridle, nasogastric, nutrition
## Document Implementation Plan

### How Will This Policy Be Implemented?
Implementation will be through the nasal bridle policy group with support from the Gastroenterologists, CNS Stroke, CNS Nutrition, reporting back to the Health Board Nutrition Steering Group. The policy will support the practice of those individuals who will be trained to insert the bridle device. A register of these individuals will be held in each endoscopy department. The Policy will also support the practice of those healthcare professionals involved in the care of someone with a nasal bridle tube fixation device.

### Who Should Use The Document?
All healthcare practitioners involved in the care of a patient with a nasal bridle tube fixation device including inpatient, community hospital and mental health setting. All Staff in Accident and Emergency Departments (A&E) and Adult Clinical Decision Units (ACDU).

### What (if any) Training/Financial Implications are Associated with this document?
Members of the Nasal Bridle Policy Group will develop an implementation plan to include a Health Board Wide nasal bridle study day. The study day will provide healthcare practitioners with the skills and knowledge to look after a patient with a nasal bridle. This will be monitored and audited through the Nutrition Steering Group.

### Action Plan/Timescales for implementing this policy?

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>By When</th>
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<tbody>
<tr>
<td>To identify appropriate clinical staff who should be trained in the insertion of the device</td>
<td>Nasal Bridle policy group</td>
<td>Sept 2012</td>
</tr>
<tr>
<td>Format a study day for health board wide delivery. Staff who will be caring for patients with the device must attend this study day.</td>
<td>Nasal Bridle policy group</td>
<td>Sept 2012</td>
</tr>
<tr>
<td>Promotion and awareness across the Health Board of the device and the care that has to be provided to safely manage a patient with a nasal bridle tube fixation device</td>
<td>Nasal Bridle policy group</td>
<td>Sept 2012</td>
</tr>
</tbody>
</table>
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1. INTRODUCTION –
Nutrition is a fundamental element of good care; all patients have a right to access appropriate and timely food and fluids to meet their individual needs. It is acknowledged that some patients struggle to meet their nutritional needs while in hospital: when the patient is being fed nasogastrically often it can be difficult to keep the tubes in place: this can be due to accidental dislodgement but can cause the patient significant anxiety as the tube often has to be replaced.

A Nasal Bridle Policy Group was set up and membership was drawn from Gastroenterology, nursing, Dietetics, Nutrition Nurse Specialists from across the Health Board, the group often meeting through the Virtual Nutrition Forum and via email.

The policy will ensure that appropriate systems and services are in place to maintain patient safety with these devices and patients will be assessed appropriately for nasal bridle.

This Policy describes how Hywel Dda Health Board will provide care and support to patients who have a nasal bridle tube fixation device inserted. A small cohort of specialist doctors and nurses in each site who have been trained and competency assessed in this technique following the recognised Health Board training programme (or equivalent) for this procedure will be able to carry out insertion of a nasal bridle tube fixation device.

2. POLICY STATEMENT –
All patients in any setting, Health Board wide, who have been assessed as requiring a nasal bridle to secure a nasogastric tube, will have access to a healthcare professional who can insert the device and care for the device.

3. SCOPE
The guidance in this document applies to all healthcare professionals involved in the care of patients who have a nasogastric tube secured with this device. This includes nursing, medical, therapies and healthcare support workers.

4. AIMS
To provide guidance for staff and define the processes that must be followed to ensure all patients who require a nasal bridle tube fixation device have access to appropriately trained staff to insert the tube and care for them thereby supporting optimal nutritional care.

5. OBJECTIVES
To ensure that all patients who have a nasal bridle tube fixation device are cared for by staff who are trained to insert the device and care for the patients afterwards.

- To provide optimal nutrition and hydration
- To minimise patient discomfort by avoiding repeated insertions of naso-enteral tubes
- To avoid complications of multiple insertions of naso-enteral tubes
- To avoid unnecessary gastrostomy tube placement

6. PATIENT’S RIGHT TO ACCEPT OR DECLINE THE INTERVENTION DESCRIBED
The Policy takes into account a patient’s right to accept or decline the intervention described. If the patient is deemed not to have capacity to make an informed decision, practitioners must act within the patient’s best interests, in line with the principles set out in the Mental Capacity Act (2005). It must be assumed that a patient has the capacity to accept or decline the procedure unless proven otherwise.
7. EQUALITY IMPACT ASSESSMENT FORM
The Policy has been assessed against the Equality Impact Assessment Form from the Health Board’s’s Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any Equality Target Group.

8. LITERATURE ON NASAL BRIDLES
The literature on nasal bridles suggests they are an effective method for reducing the displacement of gastrostomy tubes and their use is reasonably safe. However, the literature provides little comment on the ethics of using a device which implicitly relies on pain as the method by which tube displacement is avoided. Hywel Dda Health Board recognises the ethical dilemma inherent in the use of such devices and the purpose of this section of the policy is to ensure a consideration of ethical issues forms part of the decision-making process in individual cases.

9. PAIN COMPLIANCE
The AMT company which manufacture nasal bridles acknowledge that their device will ‘cause discomfort’ if a patient pulls on the gastrostomy tube and describe this discomfort as ‘negative reinforcement’ which ‘will deter most patients from pulling further on the tube’. Nasal bridles are unique in that they are an anti-displacement device which functions through the delivery of pain to the patient. This is what is known as ‘pain compliance’.

In healthcare, pain is usually viewed as an adverse event and pain is not normally utilised as a method of achieving a desired clinical outcome. In most ethical and legal contexts the deliberate use of pain to achieve a desired outcome would be regarded with concern, and in some circumstances, might be perceived as unlawful.

10. CAPACITY TO CONSENT
Where a person is clearly competent to consent to the use of a nasal bridle (having been fully informed of its purpose and the way in which the device works) the ethical concerns do not disappear but seem to diminish. From a legal perspective a valid consent from a capable person ensures no trespass or assault occurs. The situation is more complex where the patient is assessed as lacking the necessary decision making capacity to consent, as the authority for using a bridle is based on the perception that it is in the patient’s best interests.

11. SATISFYING AN ETHICAL AND BEST INTERESTS REQUIREMENT
The following guidance is given as an indication of the likely considerations for satisfying an ethical and best interests requirement:

• It will not normally be in a patient’s best interests to use a nasal bridle if alternatives have not been considered.
• A nasal bridle cannot be in a patient’s best interests if the principle motivation is to save staff time or save money.
• Use of a nasal bridle should usually be avoided in a patient who lacks the necessary decision-making capacity to consent and may pull on the tube.
• A nasal bridle will normally only be in a patient’s bests interests where the consequences of not using it are likely to amount to serious harm.

The use of a nasal bridle is considered a serious medical treatment as described in section 37 of the Mental Capacity Act (2005) and a referral for an IMCA should be made for patients who do not have anyone appropriate to consult.
12. CRITERIA FOR CONSIDERATION OF NASAL BRIDLE USE

- Multiple displacements of naso-enteral tubes or discretion of the consultant
- Difficult tube insertions requiring ENT speciality assistance
- Endoscopically placed nasogastric or nasojejunal tubes

13. CONTRA-INDICATIONS
This procedure should not be undertaken if the patient has:
- Mechanical obstruction of the nasal airway
- Facial fractures
- Anterior cranial fractures
- Severe clotting disorders

14. CAUTIONS

14.1. Confused patients
Very careful risk assessment must also be exercised in patients with behavioural issues, confusion or agitation if they are likely to pull on the nasal bridle. Where such patients lack capacity to consent, use of a nasal bridle should usually be avoided (see also section 6 of this policy).

14.2. Potential complications of the nasal bridle:
- Epistaxis
- Rhinitis
- Sinusitis
- Pressure sores
- Pain and discomfort

Incidence of these complications should be appropriately reported via the datix system to the clinical team responsible for the patient in a timely manner in order to ensure appropriate clinical management of the patient. Adverse events must always be recorded on an incident form.

15. PROCEDURE FOR THE INSERTION OF THE AMT™ NASAL BRIDLE
Explain the procedure and rationale for using a nasal bridle to the patient, including the relevant risks and benefits both of using the bridle or using alternative methods for securing the gastrostomy tube. Whenever possible, verbal consent must be obtained at an appropriate point of consultation with the patient. Appropriate documentation must be entered into the patient’s medical records.

15.1. Equipment
- Apron
- Alcohol-based hand rub
- Non-sterile gloves
- Protective face mask or visor (if appropriate)
- AMT™ Nasal Bridle pack of appropriate size
- Tissues
- Clean scissors

Insert the fine bore nasogastric tube and confirm correct gastric position according to the NPSA guidance 2011 and either Pembrokeshire & Derwen NHS Trust Acute and Community
15.2. **Procedure**

- Screen the bed area
- Wash hands and assemble the equipment
- Prepare the patient for the procedure
- Position the patient (semi-recumbent, head tilted slightly forward if patient’s condition allows)
- Clean/clear nostrils and provide oral care
- Agree a signal to pause/stop the procedure if the patient experiences discomfort
- Use alcohol hand rub
- Put on apron, gloves and face mask if appropriate
- Lubricate both nasal bridle probes 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 bridle catheter into the opposite nostril. An audible click signifies contact between the magnets which may or may not be tactiley felt.
- 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 bridle catheter and the retrieving probe to the second mark.
- Once contact has occurred, remove the stylet completely from the bridle catheter.
- Slowly withdraw the retrieving probe while allowing the bridle catheter to advance into the nose. Continue until only the cloth umbilical tape is in the nose.
- Using scissors, cut the 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 clip’s deep channel.
- Lay the feeding tube into the deep channel on top of the umbilical tape. The clip should be positioned just beyond the tip of the nose.
- Fold the two halves of the clip together and press tightly until the clip snaps shut. Double click to verify clip is fully closed.

**Note:** The clip cannot be re-opened after closing, so ensure proper position of the feeding tube, umbilical tape and clip prior to closure.

- After the 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. 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 nasal bridle insertion in the patient’s notes.
- Dispose of all waste according to Hywel Dda Local Health Board waste management policies and wash hands.

**16. PROCEDURE FOR THE MAINTENANCE OF THE AMT™ NASAL BRIDLE**

This must be undertaken daily to detect potential complications of the tube or nasal bridle including sinusitis, damage to the nose and tube migration.
16.1. **Equipment**
- Apron
- Alcohol-based hand rub
- Non-sterile gloves

16.2. **Procedure**
- Note the patient’s physiological observations and laboratory results for signs of unexplained sepsis or infection.
- Wash hands, put on apron and gloves.
- Observe the face for swelling or discoloration.
- Inspect the external nares for pressure sores or other damage.
- Observe the presence or absence of purulent secretions from the nose or in the mouth or oropharynx.
- Observe for any signs of tube migration using tube aspirate pH assessment. NB: The position of the nasogastric tube must be confirmed as per NPSA guidance 2011 and either Pembrokeshire & Derwen NHS Trust Acute and Community Division Adult Enteral Feeding Policy No AC/093 or Carmarthenshire NHS Trust Adult Enteral Feeding Guidelines
- Document findings on daily care record sheet (Appendix 3)

17. **PROCEDURE FOR THE REMOVAL OF THE AMT ™ NASAL BRIDLE**
The clinician in charge of the care of the patient should be contacted. The nasal bridle should be removed safely when it is no longer required.

17.1. **Equipment**
- Apron
- Alcohol-based hand rub
- Non-sterile gloves
- Scissors

17.2. **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 Hywel Dda Local Health Board waste management policies and wash hands.

18. **RESPONSIBILITIES**
A small cohort of Specialist Doctors and Nurses in each site who have been trained and competency assessed in this technique following the recognised Health Board training programme (or equivalent) for this procedure will be able to carry out the procedure. Individual practitioners are professionally responsible and accountable for their own actions when undertaking this clinical practice as part of their wider role.

The Endoscopy Unit Team will supply the fixation device and cross charge the relevant department for the cost of the bridle.
19. TRAINING
19.1. Training to insert the nasal bridle
A record of the individuals that have been trained and assessed will be maintained by CNS Nutrition. Training for a limited cohort of doctors and nurses in the insertion of nasal bridles will be delivered by a qualified doctor, where it is agreed that training in the technique is beneficial. All endoscopy units will hold details of those trained in the insertion of nasal bridles in their register of competencies. A competency based training package is available. It is anticipated that a minimum of two supervised training opportunities will be required before an individual can undertake this procedure unsupervised.

Individual clinical staff need to ensure that they are competent to undertake this procedure unsupervised and to seek update training if they deem it to be necessary or if more than 6 months have elapsed since undertaking the procedure.

19.2. Awareness training to care for the nasal bridle
Clinical staff caring for patients with this device will also require awareness training to ensure that they can care for the nasal bridle. A study day on the Learning and Development webpage would aim to achieve the following objectives:
- To be aware of risks involved with the insertion of a nasal bridle device
- Demonstrate an understanding of the anatomy of the GI and respiratory tract
- Identifying the reasons for choosing to use a nasal bridle device
- Discuss the safety aspects of caring for someone who has a nasal bridle
- Identify potential contraindications and complications

19.3. Discharge from in patient setting with nasal bridle
In line with the Patient Safety alert NPSA (2011) All patients considered for discharge with an AMT Nasal bridle should have a Multidisciplinary team meeting to ensure discharge from secondary care is co-ordinated and seamless. Patients who are discharged either home or to a community hospital setting will be provided with a discharge pack including information on the AMT bridle. If the patient experiences any discomfort or signs and symptoms which cause concern (see Section 15), the patient should inform their GP and present to A&E for appropriate treatment. The Nutrition Specialist nurse will co-ordinate and deliver awareness sessions for A+E on the Nasal Bridle.

20. FURTHER INFORMATION
Name any recognised professional body that would be of use to the policy user. ie. The source of your evidence base.

21. CLINICAL POLICIES


Mental Capacity Act 2005.

National Collaborating Centre for Acute Care (2006), ‘*Nutrition Support in Adults, oral nutrition support, enteral tube feeding and parenteral nutrition*’, National Collaborating Centre for Acute Care, London.


‘*Procedure for the insertion, management and removal of the nasal bridle fixation device for naso-enteral tubes in adults*’ (2005), Cardiff and Vale Local Health Board, Cardiff.

Royal College of Nursing (2008), ‘“Let’s talk about restraint” Rights, risks and responsibility’, RCN, London.


22. **REVIEW**
This Policy will be reviewed after 3 years, or sooner, as required.

23. **GLOSSARY OF TERMS**

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<th>Definition</th>
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<tbody>
<tr>
<td>Nasal Bridle</td>
<td>Retaining device to secure a nasogastric tube</td>
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**APPENDIX 1 - AMT™ NASAL BRIDLE REFERRAL & ASSESSMENT TOOL**

This form must be copied/faxed to endoscopy unit

NB: All appropriate ‘Yes’ / ‘No’ boxes to be completed. Before a decision is taken to proceed ‘Yes’ must be ticked in either box 7, 9, 10b or 12 to indicate consent or best interests decision.

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<th>No</th>
<th>Unsure</th>
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<tr>
<td>1. Has the patient removed essential tubes/lines?</td>
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<td>Details:</td>
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<td>2. Have other methods been tried? (i.e. distraction techniques, supervision, additional taping of NG Tubes, etc)</td>
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<td>Details:</td>
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<td>3. Are the medical team in agreement that Nasal Bridle™ device is appropriate?</td>
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<td>4. Has the patient/carer had the use of Nasal Bridle™ explained?</td>
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<td>5. Has the patient/carer been provided with an information leaflet?</td>
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<tr>
<td>6. Does the patient have capacity to consent to the use of Nasal Bridle™?</td>
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<tr>
<td>(If ‘Yes’ go to question 7. If ‘No’ or ‘Unsure’ go to question 8)</td>
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<td>7. If the patient has capacity, does the patient give verbal consent to the use of Nasal Bridle™?</td>
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<td>(go to question 13)</td>
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<tr>
<td>8. If there is doubt about the patient’s capacity then assess their capacity by answering questions (i) – (iv) below:</td>
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<tr>
<td>(i) Can they understand the information about why Nasal Bridle™ is needed?</td>
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<td>(ii) Are they able to retain the information long enough to make a decision?</td>
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<tr>
<td>(iii) Can they use or weigh the information to make the decision?</td>
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<tr>
<td>(iv) Can they communicate their decision in any way?</td>
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<tr>
<td>9. If ‘Yes’ to all of (i)-(iv), the patient has capacity - Do they consent to the use of the Nasal Bridle™ (go to question 13)</td>
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<tr>
<td>If ‘No’ to any of (i) – (iv), then the patient lacks capacity to make this decision:</td>
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<tr>
<td>10a. Is there a relevant documented authority in place for this decision e.g. advance decision / Health &amp; Welfare Lasting Power of Attorney / Court appointed Deputy? (If ‘Yes’ then obtain copy for the notes and answer 10b. If ‘No’, go to 11.</td>
<td></td>
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<tr>
<td>10b. Consent given via advance decision / Health &amp; Welfare Lasting Power of Attorney / Court appointed Deputy? (please circle) (go to question 13)</td>
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<td>11. If the patient does not have capacity to consent ensure that:</td>
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<tr>
<td>• The patient’s past and present wishes and any beliefs and values that may influence their decision are considered and they are involved as much as possible in the decision-making process</td>
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<tr>
<td>• People close to the patient (unpaid carers / relatives) have been consulted as appropriate and had reasons for the use of Nasal Bridle™ explained.</td>
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<tr>
<td>• Other professionals (multidisciplinary team) have been consulted as appropriate</td>
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</table>
12. **Taking all of the above factors into account**, is the use of Nasal Bridle™ judged to be in the patient's best interests? (please refer to section 6 of the policy)

13. Decision taken to apply Nasal Bridle™ **(Must be undertaken by trained individual, register held in endoscopy)**

14. Care plan formulated and commenced?

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Designation:</th>
<th>Date:</th>
<th>Time:</th>
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Policy And Procedure For The Insertion, Management And Removal Of The Nasal Bridle Fixation Device For Naso-Enteral Tubes In Adults