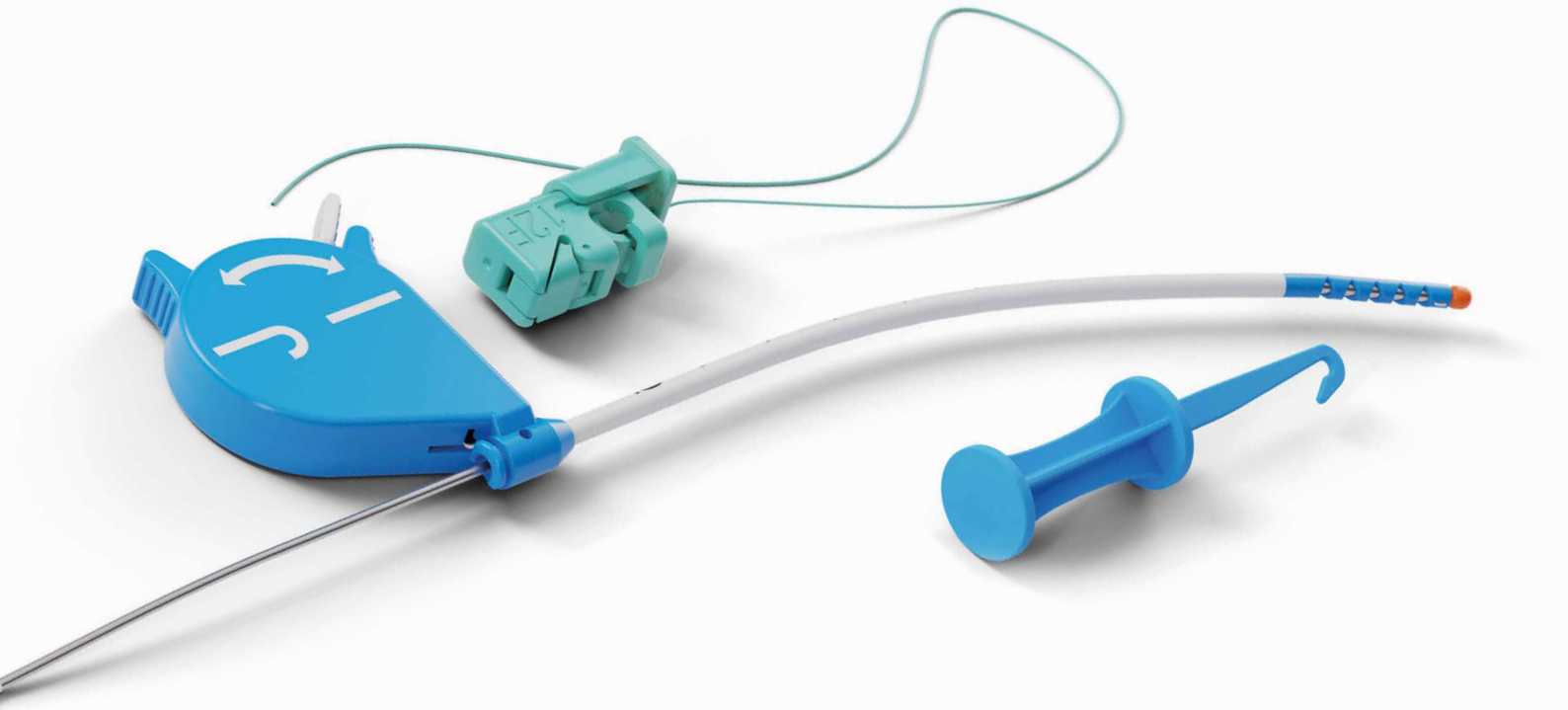
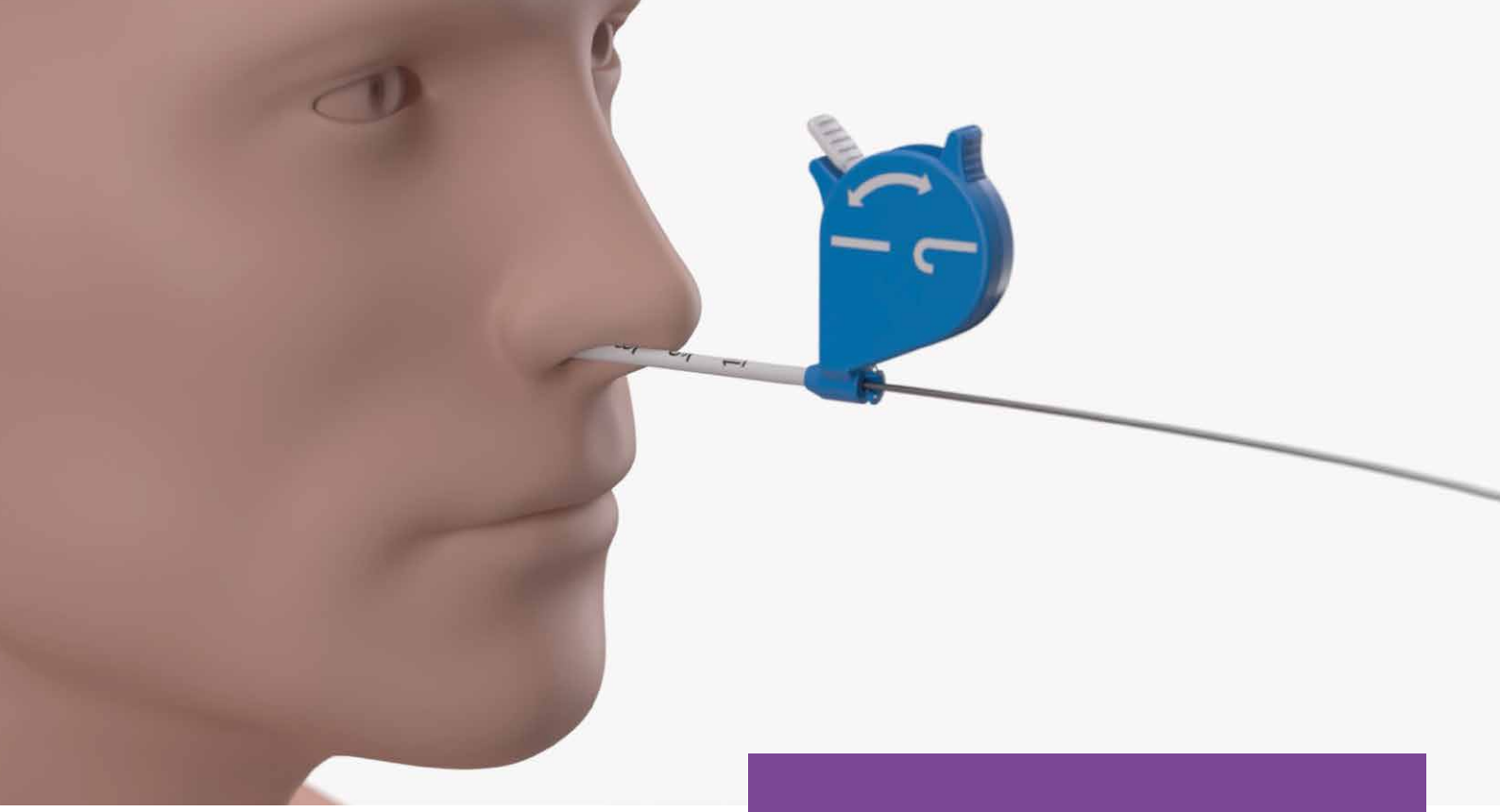
medicina PRODUCT LINE

Fast-Lock Bridle



Scan the QR code and download the brochure

The Fast-Lock Bridle is an innovative solution for securing a nasogastric feeding tube



CLINICAL IMPACT

After tube insertion, an X-Ray may be required to confirm tube position. These combined interruptions can bring about delays to the administration of feed/ medication to a patient, especially if there are limited X-ray services throughout an evening.

Frequent tube insertion can cause trauma, discomfort, stress and anxiety to a patient. There is also an increased risk of pneumothorax. When a feeding tube is not in place, the patient will not be able to get their medication or receive enough enteral feed to reach their caloric goals.

This can significantly impact a patient's health and recovery. If a patient persists to remove a nasogastric feeding tube, surgical placement of a gastrostomy feeding device may even be considered.

CURRENT PRACTICE: CHALLENGES

Nasogastric tubes can become dislodged, or they can be pulled out repeatedly by a patient. As a result, a new tube will be inserted.

Not all nurses are trained to insert a feeding tube and it can take some time to get an appropriate member of staff on site.

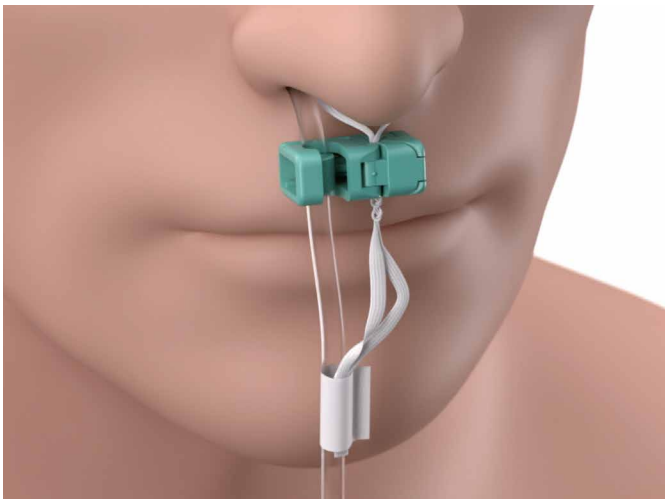
INNOVATIVE SOLUTION

The **Fast-Lock Bridle** allows health care professionals (HCP's) to confidently secure a nasogastric tube. The HCP will be more confident that a feeding tube will not become dislodged and the risks associated with regular tube insertion will be reduced. A patient will also get the necessary treatment in a shorter timeframe.

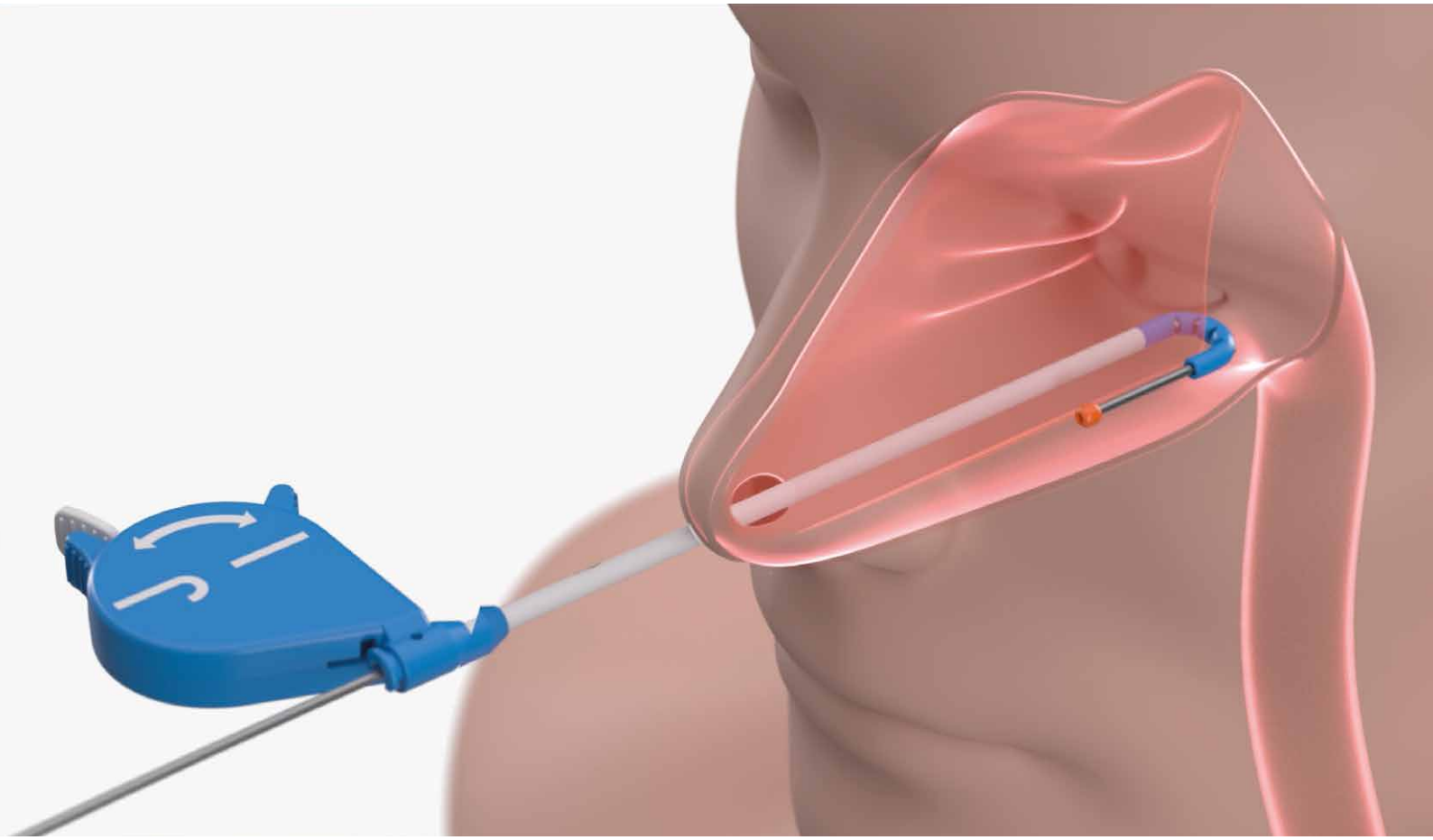
Due to the frequency of feeding tube removal, there is evidence that placing a bridle before initial tube insertion is safer and more effective. This minimises the complications surrounding further tube placement and gives HCP's time to provide additional care[4]. Inserting a bridle before first tube placement also removes the costs associated with using extra unnecessary equipment (following tube removal) and significantly reduces the number of X-Rays required per patient[6].

KEY FEATURES

Introducer Shaft: once the bend switch is activated, the introducer shaft tip will bend around the patient's septum allowing easier bridle placement. This technique protects a patient's posterior septum from trauma compared to some of the more traditional placement methods.



Bridle Lock: allows easy securement of a tube and bridal tape, permitting independent adjustment.



FAST-LOCK BRIDLE BENEFITS

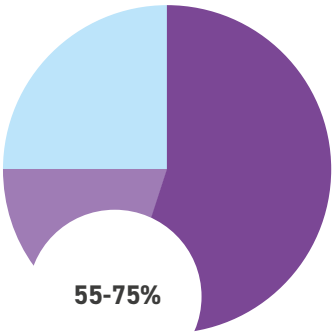
- **Easy** to operate and **faster** placement.
- **Protects** patient's **septum** from trauma during placement.
- **Introducer shaft & bend switch** allows **easier placement** around the **septum.**
- **Bridle lock includes** an independent tube and tape slot. Easier to reposition if necessary.
- **Compatible** with all nasogastric tubes.

Product description	Medicina Code	Box Qty
6FR Fast-Lock Bridle	NBK6	5
8FR Fast-Lock Bridle	NBK8	5
10FR Fast-Lock Bridle	NBK10	5
12FR Fast-Lock Bridle	NBK12	5
14FR Fast-Lock Bridle	NBK14	5
16FR Fast-Lock Bridle	NBK16	5
18FR Fast-Lock Bridle	NBK18	5

Scan the QR code and watch the video tutorial

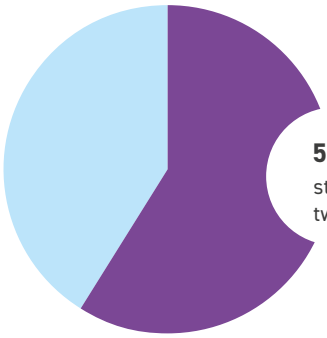
FAST-FACTS

Nasal tube dislodgement



55-75% of nasal feeding tubes secured with tape, inadvertently slip or are pulled out by patients[1,2].

Nasal tube re-insertion



Tube re-insertion increases patient anxiety, discomfort and irradiation from X-rays; 59% of stroke patients require >2 re-placements[2].

Incidence of pneumothorax

1/200

When replacing a tube, **1 in 200 placements** puncture the lung[3].

Time to therapy

-19%

The increased staff burden causes a 19% loss of feeding time and delayed drug treatment[2].

NASAL BRIDLE ADOPTION

NG tube loss, oesophageal placement, pneumothorax & death reduced by 40%
Pre-emptive use can reduce inadvertent tube loss by 80%.
(Taylor et al, 2018)

Nasal tubes are up to 3 x more likely to remain in situ until no longer required. Resulting in improved feed & drug delivery.
(Taylor et al, 2018)

The cost of bridles is offset by the reduced cost of nasal tubes, X-rays and staff time.
A lower need for tube placement should reduce major complications.

1. Taylor SJ, McWilliam H, Allan K, Hocking P. The efficacy of feeding tubes: confirmation and loss. British Journal of Nursing. 2015;24(7):371-2, 374-5. doi: 10.12968/bjon.2015.24.7.371.
2. Brazier S, Taylor SJ, Allan K, Clemente R, Toher D. Ineffective Tube Securement Reduces Nutrition and Drug Treatment In Stroke Patients. British Journal of Nursing. 2017; 26: 2-7.
3. Krenitsky, J. Blind bedside placement of feeding tubes: Treatment or threat? Practical Gastroenterology.2011;35:32-42.
4. Taylor SJ, Allan K, Clemente R, Marsh A, Toher D. Feeding tube securement in critical illness: Implications for safety. British Journal of Nursing. 2018; 27: 1036-41.
5. Seder CW, Stockdale W, Hale L, Janczyk RJ. Nasal bridling decreases feeding tube dislodgment and may increase caloric intake in the surgical intensive care unit: a randomized, controlled trial. Critical Care Medicine. 2010;38:797-801.
6. Ribeiro FA, Sodré da Costa LS, Pedroso AC, de Paula Nogueira PB, Brandi S, Toledo DO, Laselva CR, Malheiro DT, Silva JM Jr. Evaluating multifaceted strategies to prevent nasoenteral tube complications and achieve significant cost savings in critically ill patients: the ENHANCE-CRIT trial. BMJ Open Qual. 2025; 14: e003177. doi: 10.1136/bmjoq-2024-003177. PMID: 40074248; PMCID: PMC11907024.

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