Directions, Indications, & Contraindications For Use

Family of Nasal Tube Retaining Systems

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The Bridle clip, tape, and catheter tubing are **MR safe**
The Bridle probe, catheter, and stylet are **MR unsafe**
Not made with **DEHP**
Not made with **natural rubber latex**
**Caution:** Federal (USA) law restricts this device to sale, distribution, and use by or on the order of a physician.

**NOTE:** System is supplied non-sterile, for single use only. Please inspect all contents of the kit for damage. If damaged, do not use product.

**WARNING:** Excessive traction on the AMT Bridle™ or AMT Bridle Pro™ may cause tube displacement or nasal injury; an alternative means of securing the nasal tube should be explored.

**WARNING:** Placement of the bridle may be very difficult or impossible for pediatric patients who are nasally intubated. It is recommended that the bridle is placed prior to any nasal tubes for pediatric patients.

**NOTE:** No patient sedation is required for placement of the AMT Bridle or AMT Bridle Pro. However, sedation may be used at the healthcare provider’s discretion if appropriate.

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**INDICATIONS FOR USE**

The AMT Bridle™ or AMT Bridle Pro™ - Nasal Tube Retention System is indicated to prevent inadvertent displacement or removal of Nasogastric/Nasointestinal (NG/NI) tubes.

**CONTRAINDICATIONS FOR USE**

- This device is contraindicated for patients with nasal airway obstructions or abnormalities, and facial and/or cranial fractures.
- Do not use on patients with thrombocytopenia (<100 k/ul) or immediately post septoplasty.
- Do not use on patients with a graft vomer bone.
- Extreme caution should be used with premature infants and neonatal patients.
- Do not use on patients that may pull on the AMT Bridle™ or AMT Bridle Pro™ to such a degree as to cause serious injury.

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**Kit Contents:**

- Retrieval Probe
- Stylet Guide
- Flexible Bridle Catheter
- Retaining Clip
- Clip Opening Tool
- Lubricant (Not Shown)

**Clip Example:**

- **Pro Range Clip**
  - 5-6F – Clip is PURPLE
  - 8-10F – Clip is TEAL

- **Pro Clip**
  - 6F – Clip is WHITE
  - 10F – Clip is TEAL
  - 12F – Clip is BLUE

- **Standard Clip/Pro Clip**
  - 8F – Clip is BLUE
  - 10F – Clip is TEAL
  - 12F – Clip is BLUE

- **Standard Clip**
  - 5F – Clip is LL YELLOW
  - 6F – Clip is PURPLE
  - 8F – Clip is WHITE
  - 10F – Clip is TEAL
  - 12F – Clip is BLUE

- **Pro Range Clip**
  - 14F – Clip is YELLOW
  - 15F – Clip is YELLOW
  - 18F – Clip is LT BLUE

- **Pro Clip**
  - 14F – Clip is YELLOW
  - 16F – Clip is YELLOW
  - 18F – Clip is LT BLUE

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**AMT Bridle™ Directions For Use**

**Description**

AMT Bridle Pro™ (with blue tubing) ........................................... 4-9
AMT Bridle™ Standard (with white umbilical tape) .......... 10-15

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**Family of Nasal Tube Retaining Systems**

A thorough nasal exam is recommended before AMT Bridle™ or AMT Bridle Pro™ placement in patients to ensure that adequate bone remains in the posterior septum to support the AMT Bridle System. A nasal exam should also be conducted after AMT Bridle™ or AMT Bridle Pro™ placement to ensure that the umbilical tape or bridle tubing loop has passed behind the nasal septum rather than through a septal perforation.
Insert probe to first rib

Nasal Tube

NOTE: It is preferred to have the patient arranged in supine position prior to placement. The AMT Bridle Pro™ may be placed before or after the nasal tube. Important: Lubricant is not necessary for use with this AMT Bridle Pro™ system. However, lubricant or water may be used on the probe or top of the AMT Bridle Pro™ tubing if desired. Insert the probe into nostril opposite the nasal tube until the first rib is at the bottom of the nostril. Make adjustments for smaller patients.

NOTE: The stylet and catheter should be inserted along the floor of the nostril, towards the back of the throat – not towards the patient’s eyes.

NOTE FOR PEDIATRIC PATIENTS:
It is recommended that the AMT Bridle Pro™ is placed prior to the nasal tube for pediatric patients. Placement of the AMT Bridle Pro™ after the nasal tube may be possible, but may be more difficult due to the limited intranasal area.

Insert the AMT Bridle Pro™ tubing into the opposite nostril to approximate the magnets. Pull back on the orange stylet about 1cm (1/2”) until the magnets connect. Lining up the depth indicator marks on the probe and catheter may assist in magnet connection. The “click” of the magnets may be heard or felt. Equal lengths of both probes (minus the orange stylet) should be exposed.

NOTE FOR PEDIATRIC PATIENTS:
Magnet connection may be more difficult for pediatric patients due to the smaller area for probe manipulation or due to soft tissue constraints related to the patient’s intranasal anatomy.

Insert Catheter

Bridle Tubing

Remove stylet AFTER magnet connection

NOTE: Once contact has occurred, remove the orange stylet completely from the bridle tubing.

WARNING: Moving or non-cooperative (especially pediatric) patients may cause additional risks during placement. Nasal anesthetic spray may be used to ease patient comfort. If appropriate, sedation may be used to assist placement. In these cases, please consult physician.

Slowly withdraw the probe and allow the bridle tubing to advance through the nose. Continue until the two black markings on the bridle tubing are completely pulled up and through one nostril and at least a couple inches outside the opposite nostril. This creates a loop or “bridle” around the vomer bone. If bridle tubing does not advance out of the opposite nostril, remove bridle tubing, replace the stylet and start over at Step 1.
Cut and dispose of the bridle tube section containing the magnet, black markings and the blue probe.

If the nasal tube has not been placed, insert now per the nasal tube manufacturer’s instructions.

Wipe down the nasal tube and bridle tubing if needed.

**Important:** Slide the clip up the AMT Bridle Pro™ tubing into position. The clip should be located close to nostril, approximately 1 cm (1/2”) or one “finger width” from nostril. **NOTE:** The clip should not touch the nostril.

**PRO RANGE CLIP:** 5-6FR and 8-10FR
Place the nasal tube into the clip’s circular nasal tube region.

**PRO CLIP:** 8, 10, 12FR
Place the nasal tube into the channel or groove.

**PRO CLIP:** 14, 16, 18FR
Place the nasal tube into the channel or groove.

**PRO RANGE CLIP:** 5-6FR and 8-10FR
Ensure nasal tube fits securely. Place loose strand of bridle tubing between the clear flats below the circular region of the clip.

**PRO CLIP:** 8, 10, 12FR
Ensure nasal tube fits securely in channel. Place loose strand of bridle tubing in the clip’s hinge.

**PRO CLIP:** 14, 16, 18FR
Ensure nasal tube fits securely in channel. Place loose strand of bridle tubing between the softer inner portion of the clip and the outer, more rigid plastic section.

**PRO RANGE CLIP:** 5-6FR and 8-10FR
Close the clip by gripping it near the base of the clip and firmly snapping it closed.

**PRO CLIP:** 8, 10, 12FR
Close the clip by folding over the plastic edge and firmly snapping it closed.

**PRO CLIP:** 14, 16, 18FR
Close the clip by folding over the plastic edge and firmly snapping it closed.

**NOTE:** Ensure proper position of the nasal tube, bridle tubing and clip prior to closure.

**ALSO NOTE:** Some nasal tubes are more rigid than others and may require a higher force to close clip.

**WARNING:** Do not use any foreign object to open or close the clip as this may damage the clip, making it less secure and/or ineffective. If damaged, use a new clip.
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Gently pull on bridle tubing ends to verify clip is closed

Hold tube fixed

After the clip has been fully closed, tie the two strands of bridle tubing together in a simple knot below the clip.

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Cut excess bridle tubing

Cut the excess bridle tubing 1cm (1/2") below the knot.

Note placement of the AMT Bridle Pro™ in the patient’s chart.

WARNINGS: Throughout the useful life of the AMT Bridle Pro™, the clip must be visually inspected for signs of damage or loose attachment to the nasal tube. Monitor the clip and nasal tube position regularly for nasal tube migration.

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CLIP OPENING TOOL
If the clip must be opened, place the side of the opening tool into the clip. Push in and turn slightly to open.

CLIP OPENING TOOL

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REMOVAL
To remove the AMT Bridle Pro™ and nasal tube: cut only ONE strand on the bridle tubing. Gently pull both the AMT Bridle Pro and nasal tube out of the nose.

To remove only AMT Bridle Pro™: Cut only ONE strand of the bridle tubing and open the clip. Gently pull on the opened clip to remove the Bridle tubing from nose.

CAUTION: Great care must be taken to prevent accidental swallowing as the bridle tubing can easily slide back into the nose.

NOTE: Recommended for up to 30 days continuous use.
Insert probe to first rib

Nasal Tube

NOTE: It is preferred to have the patient arranged in supine position prior to placement. The AMT Bridle™ may be placed before or after the nasal tube. Important: Lubricate the probe, catheter and umbilical tape. Insert the blue probe into nostril opposite the nasal tube until the first rib is at the bottom of nostril. Make adjustment for smaller patients.

NOTE: The stylet and catheter should be inserted along the floor of the nostril.

NOTE FOR PEDIATRIC PATIENTS: It is recommended that the AMT Bridle is placed prior to the nasal tube for pediatric patients. Placement of the AMT Bridle after the nasal tube may be possible, but will be more difficult due to the limited intranasal area.

CAUTION: Do not insert upwards.

Insert the blue probe into nostril opposite the nasal tube until the first rib is at the bottom of nostril. Make adjustment for smaller patients.

Insert the flexible AMT Bridle catheter into the opposite nostril to approximate the magnets. Pull back on the orange stylet about 1cm (1/2”) until the magnets connect. The “click” of the magnets may be heard or felt. Equal lengths of both probes (minus the orange stylet) should be exposed.

NOTE FOR PEDIATRIC PATIENTS: Magnet connection may be more difficult for pediatric patients due to the smaller area for probe manipulation or due to soft tissue constraints related to the patient’s intranasal anatomy.

It may be necessary to advance or manipulate the probe to achieve magnet contact.

If necessary, gently twist the probes from side to side and/or up and down to encourage contact between the magnets. If no contact has occurred, then advance both the flexible catheter and the probe. Important: Once contact has occurred, remove the orange stylet completely from the flexible catheter.

WARNING: Moving or non-cooperative (especially pediatric) patients may cause additional risks during placement. Nasal anesthetic spray may be used to ease patient comfort, in these cases please consult physician. If appropriate, sedation may be used to assist placement.

Slowly withdraw the probe and allow the flexible catheter to advance through the nose. Continue until only cloth umbilical tape is completely pulled up and through one nostril and at least a couple inches outside the opposite nostril. This creates a loop or “bridle” around the vomer bone. If the cloth umbilical tape does not advance out of the opposite nostril, remove catheter, replace the stylet and start over at Step 1.
Cut the flexible catheter portion from the umbilical tape. Dispose of catheter and probe. If the nasal tube has not been placed, insert now per the nasal tube manufacturer's instructions.

Important: Slide clip up umbilical tape and into position. Clip should be located close to nostril, approximately 1 cm (1/2") or one "finger width" from nostril. **NOTE:** The clip should not touch the nostril. Place the nasal tube into the clip’s channel or groove.

**STANDARD CLIP: 5, 6, 8, 10, 12FR**
Ensure nasal tube fits securely in channel. Place loose strand of umbilical tape in the clip’s hinge.

**STANDARD CLIP: 14, 16, 18FR**
Ensure nasal tube fits securely in channel. Place loose strand of umbilical tape between the softer inner portion of the clip and the outer, more rigid plastic section.

**STANDARD CLIPS**
Close the clip by folding over the plastic edge and firmly snapping it closed.

**NOTE:** Ensure proper position of the nasal tube, umbilical tape and clip prior to closure.

**ALSO NOTE:** Some nasal tubes are more rigid than others and may require a higher force to close clip.

**WARNING:** Do not use any foreign object to open or close the clip as this may cause damage, making it less secure and/or ineffective. If damaged, use a new clip.
Gently pull on umbilical tape ends to verify clip is closed
Hold tube fixed

After the clip has been fully closed, tie the two umbilical tape ends together (excluding the tube) creating a simple knot. Repeat 2-3 times.

Cut excess umbilical tape

NOTE the placement of the AMT Bridle™ in the patient’s chart.

WARNINGS: Throughout the useful life of the AMT Bridle, the clip must be visually inspected for signs of damage or loose attachment to the nasal tube. Monitor the clip and nasal tube position regularly for nasal tube migration.

If the clip must be opened, place the side of the opening tool into the clip. Push in and turn slightly to open.

To remove the AMT Bridle™ and nasal tube: cut only ONE strand on the umbilical tape. Gently pull both the AMT Bridle™ and nasal tube out of the nose.

To remove only AMT Bridle™: Cut only ONE strand of the umbilical tape and open the clip. Gently pull on the opened clip to remove the catheter from the nose.

CAUTION: Great care must be taken to prevent accidental swallowing as the tape can easily slide back into the nose.

NOTE: Recommended for up to 30 days continuous use.
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