

CLINICAL SUMMARY

The AMT Bridle Pro[®] is the ONLY FDA cleared bridle for pediatric populations

The Impact of the AMT Bridle Pro[®] in Pediatric Care

Key findings and benefits of a pediatric bridling program with the AMT Bridle Pro[®] Range:

In a retrospective, correlational study of outcomes from the time of nasogastric (NG) tube placement until full oral feeds or durable-tube placement, bridling nasogastric tubes in pediatric patients has been proven to significantly reduce complications, enhance patient outcomes, and lower healthcare costs. This innovative approach ensures safer discharges, reduces emergency department visits, and supports oral-motor skill development at home.

Study Using the AMT Bridle Pro[®] Confirms:^{1,2}

-  **16.7x Less Likely to Have One More Dislodgement:**
Bridled patients were significantly less likely to experience additional tube pull-outs.
-  **14-Day Reduction in Hospital Stay:**
Children with bridled NG tubes were discharged, on average, two weeks earlier than those with unbridled tubes.
-  **3.3x Less Likely to Have An Additional Tube Placed:**
Improved securement resulted in fewer replacement procedures.
-  **95% Fewer Dislodgements per 100 Days:**
A substantial decrease in tube-related complications.
-  **4.8x Less Likely to Experience Additional Exposure to Radiation:**
Fewer x-rays due to reduced tube dislodgements.
-  **2.5x Less Likely to Have An Additional ED Visit:**
Bridled patients required significantly fewer unplanned emergency room trips.
-  **1.5x Less Likely to Have One More Unplanned Medical Encounter:**
Less need for follow-ups and additional interventions.

Clinical Insights:

Prior to the bridle program, hospitals were hesitant to send children home with NG tubes due to a high (40-50%) likelihood of inadvertent removal, often leading to increased gastrostomy tube (GT) placements or extended hospital stays.²

Bridled NG tubes *allow children to be safely discharged* with less concern for accidental removal, supporting oral feeding development at home and reducing the need for GT placement.³

The introduction of *the bridle program significantly shortened hospital stays* while increasing outpatient therapy days, optimizing overall treatment efficiency.²

Zero infections or major complications were reported with the use of the *AMT Bridle Pro[®] Range Clip*, underscoring its *safety and reliability*.³



5F - 6F



8F - 10F



12F - 14F



16F - 18F



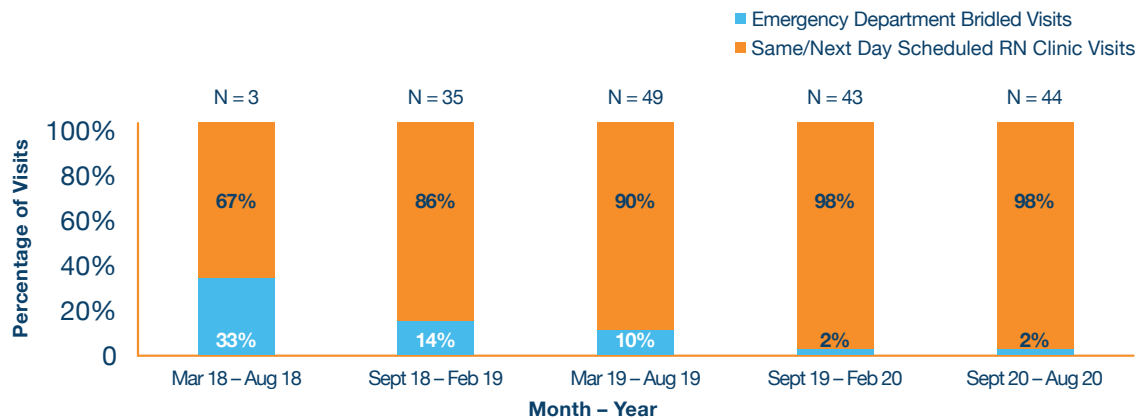
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Long-Term Impact:

The percent of children with bridled NG Tubes that had an emergency department encounter over time has **decreased by 93.9%** since March 2018.¹

Emergency Department Visits for Children with Bridled Nasogastric Tubes¹



Among 173 patients bridled with the AMT Bridle Pro®, 62.4% achieved full oral feeds and were **discharged 14 days earlier** than their unbridled counterparts.²

Children with NG tubes bridled with the AMT Bridle Pro® **exhibited significantly fewer dislodgements**, fewer x-rays, and lower overall healthcare costs.²

The AMT Bridle Pro® is recommended for a diverse pediatric population, including neonates and critically ill children requiring enteral nutrition.



References:

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- Lavoie, J. A., Schindler, C., Garnier-Villarreal, M., Bagli, S. P., McCarthy, D. O., & Goday, P. S. (2022). Nasogastric bridles are associated with improved tube-related outcomes in children. JPEN. Journal of parenteral and enteral nutrition, 46(7), 1568-1577. <https://doi.org/10.1002/jpen.2409>
- Lavoie, J., Smith, A., Stelter, A., Uhing, M., Blom, K., & Goday, P. S. (2021). Reining in Nasogastric Tubes: Implementation of a Pediatric Bridle Program. Journal of pediatric nursing, 61, 1-6. <https://doi.org/10.1016/j.pedn.2021.02.025>

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