


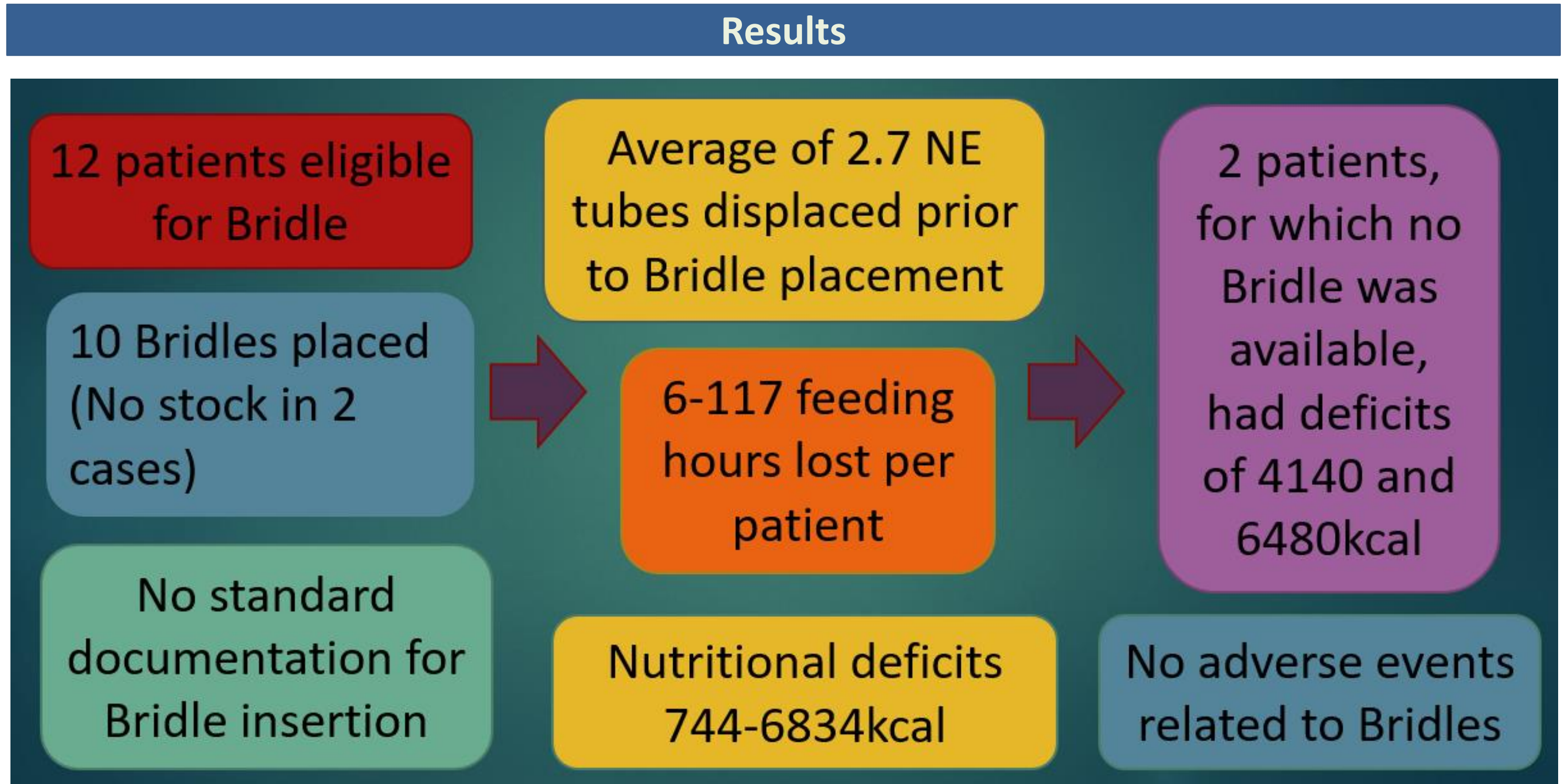
Bridling at the use of Nasal Bridges? An observational study of their use at Royal Surrey Hospital Intensive Care Unit during the COVID-19 pandemic

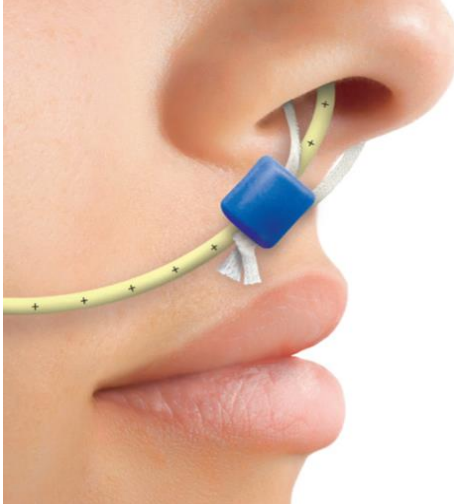


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Introduction	Objectives
<p>Sufficient nutrition has been repeatedly demonstrated to be vital for recovery from critical illness.¹</p> <p>Nutrition is often delivered in ICU via a Nasoenteral (NE) tube if oral diet is impractical or inadequate; this is first line as per ESPEN guidance.²</p> <p>Critical care patients, particularly those who have been intubated due to COVID-19, are at high risk of agitation/delirium which can lead to accidental NE displacement. Displacement negatively impacts on feed delivery and patient outcomes. One strategy to overcome this is use of Nasal Loop Bridges.</p>	<p>To audit the use and impact of Nasal Loop Bridges during the second wave of the COVID-19 pandemic at Royal Surrey Hospital ICU with the aim to create a new local policy.</p>
	Methods
	<p>Retrospective observational study of all patients receiving a Nasal Loop Bridge on ICU at Royal Surrey between December 2020 and March 2021. All had COVID-19. Data collected included:</p> <ul style="list-style-type: none">• Number of NE tubes displaced prior to Bridge placement• Nutritional deficit prior to Bridge placement<ul style="list-style-type: none">• Adverse events• Bridge documentation



Nasal Loop Bridges	Conclusions
<p>A medical device which can be placed at bedside and are used to reduce the risk of NE tube displacement</p> 	<ul style="list-style-type: none">• Accidental feeding tube displacement results in significant nutritional deficits.• Nutritional losses are likely to be improved through the use of Nasal Loop Bridges in high risk patients including those with agitation/delirium and those being treated in Intensive Care for COVID-19.

New Local Policy

New Local Policy at RSH:

1

Mandatory Bridges for all NE tubes at risk of being dislodged e.g. in those having prolonged intubation or delirium.

2

Mandatory Bridges for all high value NE tubes e.g. NJs and NGs placed in theatre or IR.

3

1 strike policy for all other NE tubes – Bridge at time of second insertion.



References

1. Villet S, Chiolero RL, Bollmann MD, et al. Negative impact of hypocaloric feeding and energy balance on clinical outcome in ICU patients. Clin Nutr 2005; 24:502-9.

2. Singer P et al. ESPEN guideline on clinical nutrition in the intensive care unit. Clin Nutr 2019; 38: 48-79.