

Securing enteral tubes in Paediatric facial burns: overcoming the challenge

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**Government
of South Australia**

SA Health

Background



- **Enteral feeds are vital in paediatric burns $\geq 15\%$ TBSA**
- **Indicated for all $>15\%$ and considered for $>10\%$ if poor oral intake**
- **Difficulty securing tubes when the face is involved**
- **Frequent dislodgment**



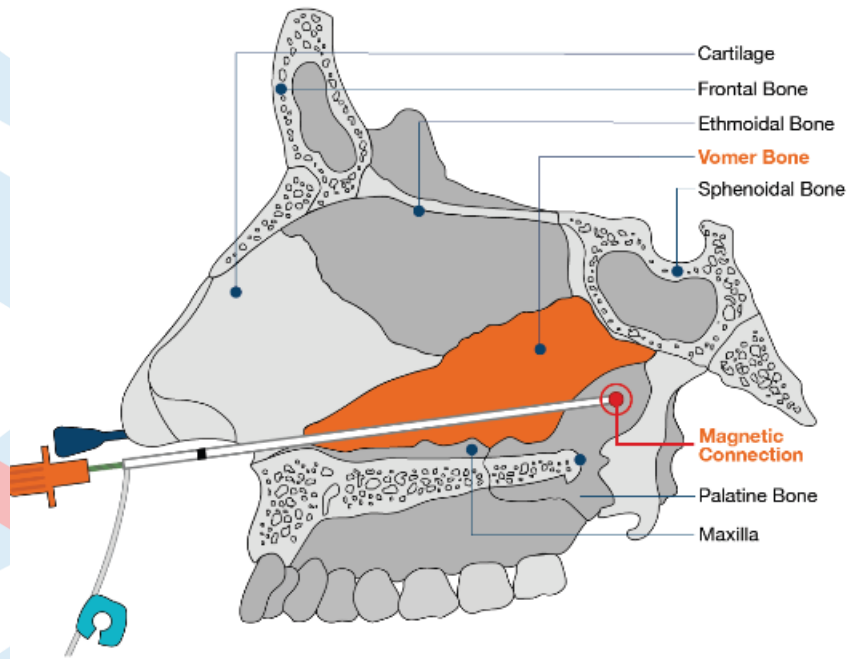
The Home Enteral Nutrition Service (HENS) at the WCH had introduced the AMT Bridle™

> Indications:

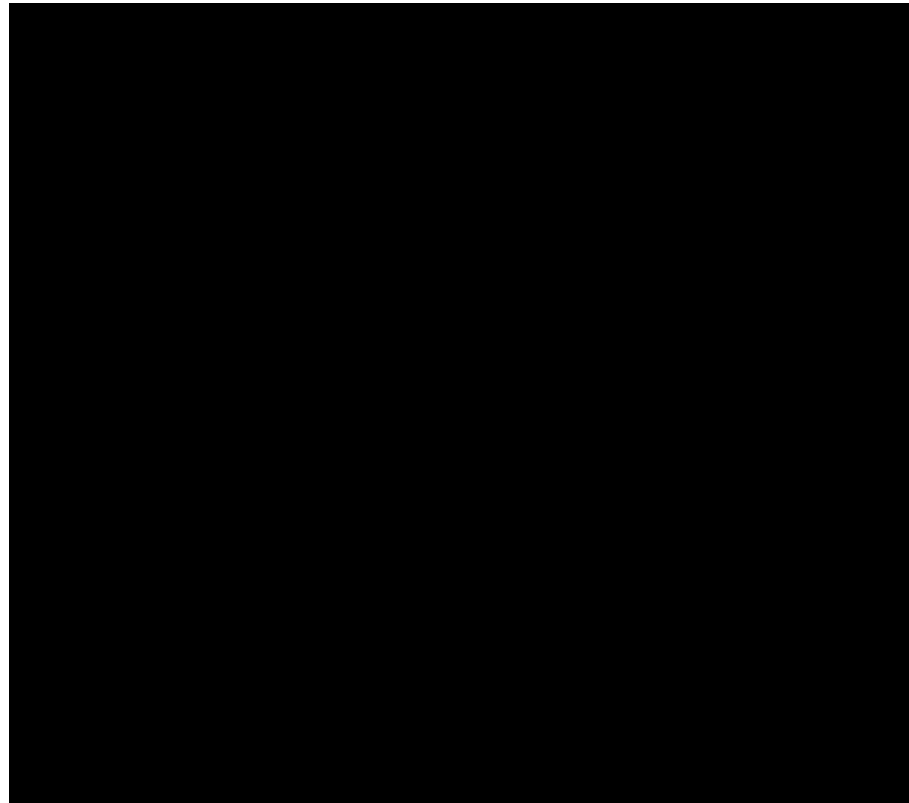
- Frequent removal of NGT/TPT
- Difficult insertion of NGT/TPT
- Placement of NGT/TPT
- Unable to attach tube to face (e.g. burns/excoriation)

> Contraindications

- Nasal and/or facial fractures
- Anterior cranial fractures
- Mechanical obstructions in the nasal passages
- Basilar skull fractures
- Anatomic abnormalities



AMT Nasal Bridle Insertion video





Post Insertion Care

- The external visible parts are cleaned daily
- Note the position of the NGT/TPT at the bridal clip
- Inspect the clip for any signs of damage
- Consider changing at 4 - 6 weeks with NGT/TPT

Usage in Burns patients

Patient	Burn	Indication
9 year old boy	90% flame	Facial burn
9 year old girl	40% flame	Facial burn
3 year old boy	8% scald	Self - removing tube
15 month old boy	15% scald	Facial burn
16 month old girl	9% scald	Facial burn



Summary

- **Ease of care**
- **Secure tubes**
- No interruption to feeds
- **Comfortable**
- **Considered for all patients requiring enteral feeds** in collaboration with HENS team
- Incorporated into **facial burns clinical procedure**
- Burns Advanced Nurse Consultant to commence insertion



Questions?

Special thanks goes to our Home Enteral Nutrition Services (**HENS**) Nurse Consultants

- **Chris Thomas**
- **Alison Forrest**
- **Jan James**