

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This document outlines the appropriate care and management of a patient during a vaginal pack removal.
Key Words	Vaginal pack, bleeding

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Vaginal packing is a treatment used in the prevention of excessive bleeding. It is most commonly used in emergency situations, outpatient, or operating theatre areas. This guideline outlines the correct process of removing a vaginal pack(s) in a way that doesn't cause unnecessary trauma and/or discomfort to the woman.

2 RESPONSIBILITIES

2.1 Medical, nursing and midwifery staff will:

Ensure they work within their scope of practice and perform the procedure appropriately as outlined by the clinical business rule.

3 PROCEDURE

3.1 Equipment

- 3.1.1 Non-sterile gloves
- 3.1.2 Non-sterile plastic backed incontinence sheet.
- 3.1.3 0.9% sodium chloride for irrigation.
- 3.1.4 10ml syringe.
- 3.1.5 Small bag for waste disposal.

3.2 Clinical Practice

- 3.2.1 Confirm order to remove packing.
- 3.2.2 Confirm number of packs insitu from operation report and/or count sheet.
- 3.2.3 Explain the procedure to the woman and gain verbal consent. Analgesia may be required, although generally this is not a painful procedure.

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- 3.2.4 Complete pre-procedure requirements in accordance with Level 1 Procedures within NSW [Ministry of Health PD2017_032 - Clinical Procedure Safety](#) including:
- Confirmation of patient identification.
 - Procedure verification confirmed with patient and matches treatment plan.
- 3.2.5 Ensure privacy.
- 3.2.6 Wash hand in accordance with [NHHI User Manual \(Sept 2020\)](#)
- 3.2.7 Don non-sterile gloves.
- 3.2.8 Remove necessary item(s) of clothing.
- 3.2.9 Adjust bed height to promote safe manual handling for staff member.
- 3.2.10 Place incontinence sheet under buttocks.
- 3.2.11 Place the women in the supine position with feet flat together and knees slightly parted.
- 3.2.12 Remove the perineal pad and discard (note vaginal loss for documentation in pad chart and electronic medical record).
- 3.2.13 Separate labia majora and minora to visualise packing.
- 3.2.14 Moisten packing gauze using syringe filled with 0.9% sodium chloride (force should not be applied when pushing down on syringe, the saline should trickle out).
- 3.2.15 Apply gentle and even traction to remove the gauze packing (see note), continuing to moisten the gauze whilst removing it. Removal should occur whilst the woman is breathing out.
- 3.2.16 Care must be taken when removing gauze packs knotted together to avoid untying them.
- 3.2.17 Attend a perineal care following removal of vaginal pack.
- 3.2.18 Remove incontinence sheet and apply fresh perineal pad.
- 3.2.19 Lower bed and reposition patient to a comfortable position, assist them to redress if required.
- 3.2.20 Ensure patient has buzzer in an easily accessible position and terminate encounter appropriately.
- 3.2.21 Advise the woman to rest in bed for at least 30 minutes after vaginal pack removal before mobilising (this decreases the risk of syncope and haemorrhage).
- 3.2.22 Ask another staff member to verify that packing material is intact and confirm the correct number of packs have been removed.
- 3.2.23 Dispose of equipment and rubbish appropriately.
- 3.2.24 Complete post-procedure requirements in accordance with Level 1 Procedures within NSW [Ministry of Health PD2017_032 - Clinical Procedure Safety](#) including:
- Documentation in the health care record.
 - Post procedure instruction and advice for clinical handover.

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- Document analgesia given, number of vaginal pack(s) removed, vaginal loss prior to vaginal pack removal and after removal in the patient's electronic medical record.

3.2.25 Report any discrepancies between packs removed and number documented on count sheet to medical officer and document same appropriately.

3.2.26 Monitor vaginal blood loss 15 minutes after vaginal pack removal and prior to the patient mobilising. Increase frequency of vaginal loss monitoring if an increase in loss is evident, notify medical officer accordingly.

3.2.27 Assist the woman to shower if desired.

3.3 Documentation

- Electronic Medical Record (eMR).
- Clinical pathway.
- Count sheet.

3.4 Education Notes

- Important to note, that vaginal packs ideally should be removed during working hours, due to the bleeding risks associated.

3.5 Implementation, Communication and Education Plan

The CBR will be discussed at ward meetings, education and patient quality and safety meetings. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

3.6 Related Policies/procedures

- Clinical Procedure Safety:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_032.pdf
- Interpreters – Standard Procedures for Working with Health Care Interpreters: [Interpreters – Standard Procedures for Working with Health Care Interpreters \(nsw.gov.au\)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/Interpreters-StandardProceduresforWorkingwithHealthCareInterpreters(nsw.gov.au).pdf)

3.7 References

1. Clinical guidelines – King Edward memorial hospital Perth.1.6.3 insertion and removal of vaginal pack 2022.
2. Australian Commission on Safety and Quality in Health Care (2020, Sept) *National Hand Hygiene Initiative Manual*. NHHI.
https://www.safetyandquality.gov.au/sites/default/files/2020-09/nhhi_user_manual_-_sep_2020_1.pdf

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
5/7/02	1	Endorsed Gynaecological Oncology Clinical Committee
9/7/02	1	Endorsed Maternity Services Clinical Committee
12/7/02	1	Endorsed Gynaecology Clinical Committee
15/7/02	1	Approved Quality Council.
25/2/16	2	Reviewed and endorsed Gynaecology Services Patient Quality & Safety Committee.
April 2016	2	Approved by Quality & Patient Care Committee
10/5/24 20.5.24	3	Freya Sullivan (CNE) BRGC

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