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MANAGEMENT OF A THROAT PACK – POLICY AND PROCEDURE

Introduction and Aim

To provide anaesthetists, surgeons and theatre personnel with an evidence based clinical practice process for the management of cases involving throat packs.

Throat packs are used in patients undergoing certain surgical procedures under general anaesthesia to:

- Absorb any blood, other bodily fluids or external fluids of other material that may seep into the back of the patients throat and enter the oesophagus or lungs during surgery in the mouth (oral / nasal surgery)
- To seal the area around the tracheal tube during provision of general anaesthesia and the surgical procedure, and thus prevent leakage of gases. This is particularly common to paediatric practice with uncuffed endotracheal tubes.
- Stabilise the tracheal tube or supraglottic airway device and thus prevent it's displacement during the surgical procedure particularly in prone patients.
- To soak up liquid nasal vasoconstrictors.
- Surgical placement for access, haemostasis or protection.

Retained throat packs are considered a 'Never event' and a preventable occurrence. Careful consideration of the requirement for a throat pack, alongside visual and documentary checks can significantly reduce, if not eliminate these incidents.

In January 2018 a systematic review on benefits and harms of routine anaesthetist – inserted throat packs in adults, and an accompanying editorial was published in Anaesthesia. These papers contained an evidence based approach consensus statement on practice recommendations for inserting and counting throat packs. This was the joint statement by the Difficult Airway Society (DAS), the British Association of Oral and Maxillofacial surgery (BAOMS) and the British Association of Otorhinolaryngology, Head and Neck Surgery (ENT-UK).

The review found no study that sought to assess the benefits of throat pack use. There were multiple reports of minor or major complications related to throat packs, including one incident in the NAP4. As a result of these findings, the three national organisations no longer recommend the routine insertion of throat packs by anaesthetists but advise caution and careful consideration. Protocols for pack insertion were presented should their use be judged necessary.

These recommendations built upon a safer practice notice from the NPSA in 2009. If a throat pack is used, the use of at least one visual aid and at least one documented piece of evidence of throat pack placement should continue as per this notice. The WHO

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checklist which includes throat pack use should be completed in full for every case.

The UHB is committed to ensuring patient safety and recognises that the peri-operative period poses a high risk to the patient. It is the intention of this policy to identify good clinical practice within the peri-operative environment and to ensure the health and safety of patients throughout their journey within this environment.

The overall aim of this policy is to ensure that throat packs are accounted for at all times.

Objectives

- To prevent the retention of a throat pack.
- To prevent complications related to the use of throat packs.

Scope

The Association of Anaesthetists of Great Britain and Ireland Standards of Practice Guide (2010) state that “in providing care, an anaesthetist must recognise and work within the limits of their competence”.

The Royal College of Surgeons in their Good Surgical Practice (2014) states that you “take prompt action if you think that a patient’s safety, dignity or comfort is being compromised”.

The NMC Code of Conduct (2015) states that “you must maintain your knowledge and skill for safe and effective practice” and “be aware at all times of how your behaviour can affect and influence the behaviour of other people”.

The Health Professions Council (2014) states that as a professional “You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner and that you must communicate properly and effectively with service users and other practitioners.”

Routine use of anaesthetist inserted throat packs is no longer recommended. The decision to sue a throat pack should be justified. If it is judged that a throat pack is essential, then it should usually be decided at the team briefing of who is going to insert and remove it.

The pack must be added to the surgical scrub count. If packs are sited by an anaesthetist and are not sourced from the surgical swabs eg. Ribbon gauze, the anaesthetist must ensure the pack is added to the surgical count. The throat pack must be inserted in theatre so that the scrub practitioner witnesses the pack being inserted.

The final swab count should be completed before awakening the patient. The anaesthetist is responsible for checking a clear airway at the end of surgery before extubation. The procedure involving visual checks must be followed and documentary

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checks must be formalised and recorded.

Verbal acknowledgement must be received by a two person check upon insertion and removal of the throat pack.

Equality Impact Assessment	An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found here to be no impact.
Documents to read alongside this Procedure	Waste Management Policy Risk Management Policy Equality and Human Rights Policy Swab, Instrument and Sharps Count Policy and Procedure
Approved by	Quality Safety and Experience Committee

Accountable Executive or Clinical Board Director	Medical Director
Author(s)	Peri-Operative Care Directorate Education Lead
<p style="text-align: center;"><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
UHB 1	15/12/2015	15/12/2015	New Policy and Procedure
UHB 2	17/12/2019	31/12/2019	Updated to reflect new guidelines

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1. METHOD

All staff are responsible for ensuring at:

- Their practice is in line with this policy and any additional local guidelines
- Staff must comply with the provision of this policy and where requested demonstrate compliance
- Information regarding failure to comply with the policy is reported to their line manager and where appropriate the incident reporting system is used
- Information regarding any changes in practice or legislation that would require a review of this policy is immediately responded to.

2. RESOURCES

No additional resources were identified as a result of approval of this policy and procedure.

3. TRAINING

Cardiff and Vale UHB is a teaching hospital and therefore supports the placement of students in the peri-operative environment, pre-registered nursing students, student operating department practitioners. During their placement in the peri-operative environment they will have supernumerary status until they have been deemed competent to assist with the count by a registered member of the peri-operative team.

During the orientation/induction programme for all new peri-operative staff, including junior and senior medical staff, an introduction and a copy of the UHB Management of Throat Pack Policy and Procedure will be given to individuals.

Additional training and department meetings will be used to refresh peri-operative staff with regards to the principles of best-practice in throat pack checking during quality and safety sessions.

4. AUDIT

Compliance with this Policy and Procedure will be internally audited on an annual basis. Compliance will also be monitored through the external QUAD annual process.

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5. DISTRIBUTION

This Policy and procedure will be shared at Clinical Board and Directorate Quality and Safety meetings, will be displayed on departmental notice boards and will be available for viewing via the Cardiff and Vale UHB Intranet. A copy will also be provided to all Clinical Directors, Clinical Board Nurses, Lead Nurses for onward distribution and circulation to staff as necessary

6. REVIEW

This policy and procedure will be reviewed every 3 years or as often as is necessary to ensure continued compliance.

7. FURTHER INFORMATION

REFERENCES FOR SYSTEMATIC REVIEW, EDITORIAL, NAP 4

Have we reached the end for throat packs inserted by anaesthetists?

[C. R. Bailey](#), [J. M. Huitink](#) Anaesthesia, 10 January

2018 <https://doi.org/10.1111/anae.14168>

Systematic review of benefits or harms of routine anaesthetist-inserted throat packs in adults: practice recommendations for inserting and counting throat packs

An evidence-based consensus statement by the Difficult Airway Society (DAS), the British Association of Oral and Maxillofacial Surgery (BAOMS) and the British Association of Otorhinolaryngology, Head and Neck Surgery (ENT-UK)

[V. Athanassoglou](#), [A. Patel](#), [B. McGuire](#), [A. Higgs](#), [M. S. Dover](#), [P. A. Brennan](#), [A. Banerjee](#), [B. Bingham](#), [J. J. Pandit](#) Anaesthesia, 10 January 2018

4th national audit project: Major complications of airway management in the UK, Royal College of anaesthetists and the Difficult airway society, March 2011

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Australian College of Operating Room Nurses (2006) Counting of Accountable Items Used During Surgery, Standard S3. In ACORN Standards for Perioperative Nursing ACORN, Australia www.acorn.org.au

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Haken, A. (2003) Poor Swab Management *The Clinical Services Journal* February pp.50-51

Health and Care Professions Council (2014) *Standards of Conduct, Performance and Ethics*, London, HPC. Available from: <http://www.hcpc-uk.org/registrants/standards/download/index.asp?id=46>

NATN (1997) *Universal Precautions and Infection Control in the Perioperative Setting*. Harrogate, NATN

NATN (1998) *The Count Principles of Safe Practice in the Operating Theatre* pp.79- 82 Harrogate NATN

NATN (1998d) *Universal Precautions Principles of Safe Practice in the perioperative Environment* pp.92-95 Harrogate NATN

NPSA (2009) reducing the risk of retained throat packs after surgery. <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59853>

Nursing Midwifery Council (NMC) (2015) *Code of Professional Conduct*, London NMC

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Royal College of Surgeons (2014) *Good Surgical Practice*, London, RCS Eng

Rothrock J (Ed) (2002) *Alexander's Care of the Patient in Surgery* 12th Edn p36-37 London, Mosby

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) (2010) The good anaesthetists standards of practice. Available from: <http://www.aagbi.org/publications/guidelines/good-anaesthetist-standards-practice-career-grade-anaesthetists>

Tingle, J. (1997) Legal problems in the operating theatre: learning from mistakes *British Journal of Nursing* 6 (15) 889-891

Woodhead, K. and Wicker, P. (2005) *A Textbook of Perioperative Care* Oxford, Churchill Livingstone

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8. PROCEDURE FOR THE MANAGEMENT OF A THROAT PACK

1. INTRODUCTION

The overriding principle for the check is that all throat packs must be accounted for at all times during an invasive surgical procedure in any clinical setting, to prevent retention and subsequent injury to the patient. The main areas for consideration are:

- Education/Training – use of throat packs only in specific individual cases.
- Responsibility for removing the pack
- Responsibility for the visual and documentary check

2. EDUCATION AND TRAINING

	ACTION	RATIONALE
2.1	On induction all staff (nurses, operating department practitioners (ODP) and unregistered staff) must have a supernumerary status whilst training.	So that they are supervised prior to working independently. All staff know how to access the policy and its importance in safe peri-operative practice.
2.2	All staff will have their own copy of the Throat Pack policy and have read and, understood it before participating in throat pack checks. Staff will be expected to sign a signatory sheet when issued with the policy which will then be placed in their training file.	New staff are aware of the location of the policies and procedures To provide an audit trail
2.3	All newly appointed staff will be trained and assessed against the standards in the induction booklet before participating in throat pack checks. The booklet will be retained in the staff member's training/personal file on completion of their induction which is kept with the practice education team.	All staff are to be aware of their responsibilities regarding the adherence to departmental policies. To maintain records and ensure evidence of training.

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3. PRINCIPLES OF PRACTICE

3.1	The anaesthetist and surgeon should first discuss at the team brief if the use of a throat pack is clinically indicated and if so, discuss the procedures that would be used to prevent the retention (See flowchart, Appendix 1). The person siting and removing the pack must be identified eg. Surgeon or anaesthetist.	To establish the requirement of the throat pack To reduce the risk of a retained throat pack
3.2	The insertion of the throat pack is verbally communicated to the surgical team by the surgeon or anaesthetist responsible for its placement. The throat pack is placed in theatre so that the scrub practitioner responsible for the swab count witnesses the insertion of the throat pack	To ensure that the team know that a throat pack is in situ
3.3	The throat pack must be embedded with a radio opaque material	To provide a mechanism to check for retained throat packs.
3.4	The designated anaesthetic / theatre practitioner will ensure that a knot is tied at each end of the throat pack prior to insertion. This will be visually confirmed by the anaesthetist or surgeon that placed the throat pack.	To provide a mechanism for checking that the entire throat pack has been removed
3.5	At least one visually based procedure listed below must be applied whenever a throat pack is deemed necessary. This will be carried out by the designated	To provide a visual procedure to prevent the retention of the throat pack

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	<p>practitioner that assisted during the insertion of the throat pack</p> <ul style="list-style-type: none"> Label or mark the patient on the head. The label or mark should clearly identify the word 'throat pack' to distinguish between it and the mark used for correct site surgery Attach the throat pack securely to the artificial airway Leave part of the pack protruding <p>It is the anaesthetist / surgeon who inserted the throat pack responsibility to ensure that the above actions have been carried out.</p>	
3.6	<p>Whenever a throat pack is deemed necessary, the designated practitioner that assisted during the insertion of the throat pack must document by:</p> <ul style="list-style-type: none"> Formally recording the insertion of the throat pack in the patients care plan Record the insertion of the throat pack on the swab board 	To provide a documentary procedure to prevent the retention of the throat pack
3.7	<p>During the 'time out' section of the World Health Organisation (WHO) Surgical Safety Checklist the insertion of the throat pack should be identified verbally to the whole team by the person who inserted it</p>	<p>To prevent retention of the throat pack</p> <p>To ensure accountability for the removal of the throat pack</p>
3.8	<p>At the end of the procedure the throat pack should be removed by the person responsible for its insertion.</p>	To prevent retention of the throat pack and to ensure accountability for removal
3.9	<p>When the throat pack is removed a VISUAL check of the throat pack will be performed as a 'two person' check by the</p>	<p>To prevent retention of the throat pack</p> <p>To confirm that the entire throat pack has</p>

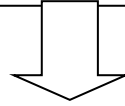
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	person responsible for its insertion and the designated practitioner to confirm that the throat pack has a knot at each end	been removed
3.10	When the throat pack is removed and the visual check has taken place, the designated practitioner that assisted during the removal of the throat pack must document by: <ul style="list-style-type: none"> Formally recording the removal of the throat pack in the patients care plan Record the removal of the throat pack on the swab board 	To maintain accurate patient records To maintain an audit trail
3.11	When the throat pack has been removed it is the responsibility of those involved in the 'two person' check to remove the throat pack label / mark from the patient before the patient leaves theatre	To indicate that the throat pack has been removed
3.12	During the 'sign out' section of the World Health Organisation (WHO) Surgical Safety Checklist the removal of the throat pack should be verbally confirmed by the person who removed it and documented on the care plan	To ensure that the entire team know that the throat pack has been removed
3.13	The anaesthetist providing hand over of the patient to the recovery practitioner must confirm the removal of the throat pack.	To ensure effective communication between theatre and recovery

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Active decision made to site throat pack

APPENDIX 1

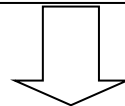


Team decides at team brief who will insert the throat pack

Anaesthetist

Surgeon

Throat pack is added to surgical swab count



The person that inserts the throat pack is responsible for its removal.

The Anaesthetist is responsible for checking clear airway at end of procedure prior to extubation