Clinical Guideline for the Use of Throat Packs in Theatres

1. Aim/Purpose of this Guideline
   1.1. To provide anaesthetists with guidelines for the management of cases involving throat packs.

2. The Guidance

2.1. Reason
   2.1.1. Action required following alert dated 28 April 2009 Ref: NPSA/2009/SPN001

2.2. Background
   2.2.2. Data from the NPSA between 1 January 2006 and 31 December 2007. Thirty-eight incidents were identified, of which 24 were unintended retention of throat packs; one resulting in moderate harm.

2.3. Indication for Throat Packs
   2.3.3. Absorb material created by surgery in the mouth;
   2.3.4. Prevent fluids or material entering the oesophagus or lungs;
   2.3.5. Prevent escape of gases from around tracheal tubes;
   2.3.6. Stabilise artificial airways.
   2.3.7. When throat packs are used there should be visual and documentary checks in place for their safe insertion and removal.

2.4. Throat Pack Inserted by Surgeon.
   2.4.8. This should be included in the swab count. Insertion and removal recorded on the swab board.

2.5. Throat Pack Inserted by Anaesthetist.
   2.5.9. ONLY OFFICIAL THROAT PACKS SHOULD BE USED.
   2.5.10. Do not use green gauze swabs

2.6. Visual Check
   2.6.11. Throat pack inserted with green sutured end first (visual check that throat pack is whole on removal) If throat pack is to be cut, it should be done so with one end held straight so that no loops are cut out. Tie a knot in the cut end to visualize two distinct ends on removal (the knot and sutured end) Label or mark patient with adherent sticker on the forehead.
2.7. Documentary Check

2.7.12. Formalised and recorded “two-person” check of insertion and removal. This should be documented on the anaesthetic chart as time in and time out.

2.8. Use WHO Surgical Checklist

2.9. Additional Supporting Information

2.9.13. Additional supporting information can be found on the NPSA website (search for ‘Throat Packs’). The flowchart below is reproduced from the NPSA website within the terms of their copyright agreement.
Is a throat pack indicated?*

Yes

Surgical Requirement

Surgeon Places Pack

No

Anaesthetic Requirement

Anaesthetist Places Pack

Do not insert throat pack

At least one visual, and one documentary procedure must be undertaken to prevent retention of throat pack:

Visual Procedures:
Label or mark the patient to indicate presence of throat pack.
Label airway to indicate presence of pack.
Attach pack securely to the airway.
Leave part of pack protruding.

Documentary Procedures:
Formal and recorded two person check of insertion and removal of pack.
Record insertion and removal on swab board and swab count.

Surgeon Removes Pack

Anaesthetist Removes Pack

END OF OPERATION

Visual and Documentary Procedures are Completed.

Extubation

*See evidence, in full report
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Adherence to RCHT Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Lead anaesthesia consultant for each case</td>
</tr>
<tr>
<td>Tool</td>
<td>Audit and review of suspected cases of inappropriate throat pack management would take place in monthly anaesthesia governance meetings.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Will be determined by the incidence of cases.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>The committee reviewing the cases will be the anaesthesia directorate. Cases will be discussed at audit meetings and the details will be recorded in the minutes.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>See above</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th><strong>Document Title</strong></th>
<th>Clinical Guideline for the Use of Throat Packs in Theatres</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>24 January 2012</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>5th August 2017</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>5th August 2020</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Dr Sam Banks Consultant Anaesthetist</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td>01872 258195</td>
</tr>
<tr>
<td><strong>Brief summary of contents</strong></td>
<td>To provide anaesthetists with guidelines for the management of cases involving throat packs.</td>
</tr>
<tr>
<td><strong>Suggested Keywords:</strong></td>
<td>Throat pack</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>RCHT</td>
</tr>
<tr>
<td><strong>Executive Director responsible for Policy:</strong></td>
<td>Dr Paul Upton</td>
</tr>
<tr>
<td><strong>Date revised:</strong></td>
<td>1st June 2017</td>
</tr>
<tr>
<td><strong>This document replaces (exact title of previous version):</strong></td>
<td>Clinical Guideline for the Use of Throat Packs in Theatres</td>
</tr>
<tr>
<td><strong>Approval route (names of committees)/consultation:</strong></td>
<td>Anaesthetic and Theatres business group Governance Lead Anaesthetics</td>
</tr>
<tr>
<td><strong>Divisional Manager confirming approval processes</strong></td>
<td>Vicky Peverelle</td>
</tr>
<tr>
<td><strong>Name and Post Title of additional signatories</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</strong></td>
<td>{Original Copy Signed} Name:</td>
</tr>
<tr>
<td><strong>Signature of Executive Director giving approval</strong></td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td><strong>Publication Location (refer to Policy on Policies – Approvals and Ratification):</strong></td>
<td>Internet &amp; Intranet</td>
</tr>
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</table>
Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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</thead>
<tbody>
<tr>
<td>26 Nov 2010</td>
<td>1</td>
<td>Initial Issue</td>
<td></td>
</tr>
<tr>
<td>31 Oct 2011</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Nov 2014</td>
<td>3</td>
<td>Revised cover and impact forms</td>
<td></td>
</tr>
<tr>
<td>01 Jun 2017</td>
<td>4</td>
<td>Minor Changes</td>
<td>Dr Sam Banks</td>
</tr>
</tbody>
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This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

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Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Dr Sam Banks</td>
<td>Telephone: 01872 258195</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
*To provide anaesthetists with guidelines for the management of cases involving throat packs

2. Policy Objectives*  
To provide anaesthetists with guidelines for the management of cases involving throat packs

3. Policy – intended Outcomes*  
Safe management of cases using throat packs

4. *How will you measure the outcome?  
Monitoring through incident reporting and case discussion at governance meetings.

5. Who is intended to benefit from the policy?  
Patients

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
b) If yes, have these *groups been consulted?  
No

C). Please list any groups who have been consulted about this procedure.

7. The Impact  
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>X</td>
<td></td>
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<td>----------------------------------------------</td>
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<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. [ ] Yes [X] No

9. If you are not recommending a Full Impact assessment please explain why.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________
Date ________________