

Standard Operating Procedure		Identifier: The Insertion of Throat Packs	
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Version Number	Version Date	Summary of Changes	Author
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1. PURPOSE

This standard operating procedure (SOP) is intended to clearly define the procedure for the placement of throat packs in line with national guidelines released in 2009 by the National Patient Safety Agency (NPSA) alert system to increase practice safety and reduce the risk of never events occurring associated with their use.

2. INTRODUCTION

The use of throat packs in the surgical/anaesthetic setting is nationally common practice. Their use is intended to reduce the risk of airway complications. Throat packs are most commonly used for;

- patients undergoing surgical procedures under general anaesthetic where excessive airway soiling (with blood or other body fluids) might be expected – e.g. ENT or maxillofacial surgery.
- Sealing the endotracheal tube to prevent leakage of gases
- Stabilising the endotracheal tube or supraglottic airway device

Throat pack usage is generally safe but a recognised complication of this procedure is the low risk of a retained throat pack which has potential serious complications including complete airway obstruction. This risk is a nationally recognised and reported complication leading the NPSA to produce an alert in 2009. Despite this publication there have continued to be nationally reported incidents of retained throat packs which are classified as ‘Never Events’. This SOP has been written following one such event at BTHFT and is intended to reduce the risk of further similar incidents.

3. SCOPE

This SOP is specifically intended to be used in the context of a patient undergoing a general anaesthetic with an artificial airway insitu where a throat pack is deemed necessary by either the surgical or anaesthetic team.

It is not intended to be used when simple swabs have been placed into the oral cavity to reduce bleeding from surgical incisions. For example following dental extractions when blue swabs are often placed in between the gums and are often removed in recovery.

4. SPECIFIC PROCEDURE

4.1 Following pre-operative assessment of the patient(s) there will be a theatre team brief as per standard BTHFT practice. At this briefing the surgeon and anaesthetist should discuss whether the patient(s) require the insertion of a throat pack and the rationale for this should be clearly articulated. The scrub team and recovery nurses will also be present and therefore be aware who will need throat packs placing throughout the list.

4.2 At this briefing the decision should be made who will insert, and who will remove the throat pack. Ideally, this should be the same person. The person who will be responsible for removing the pack should be clearly articulated at the briefing.

4.3 Throat packs should be gauze with a raytec strip throughout and a tape on one end. See fig 1.



Figure 1. Raytec gauze with tape at one end for use as throat pack.

4.4 To reduce the risk of a retained throat pack, the pack should be added to the scrub team's swab and instrument count. As such throat packs should not be stored in the anaesthetic rooms.

4.5 If the anaesthetist is to insert the pack; After anaesthesia has been induced and an appropriate airway secured the anaesthetic team will ask the scrub or circulating theatre nurse for a throat pack. They will issue this to the anaesthetic team whilst adding this to the swab and instrument count and witness the insertion. The pack can be inserted whilst the patient is in the anaesthetic room or when they are transferred into theatre. Either way the insertion must be witnessed and added to the count by the scrub team.

4.6 During insertion of the throat pack, ideally it should be used uncut. Where cutting the pack is unavoidable the section with the white tape attached should be used for insertion. The unused portion of the cut pack should be seen by the scrub team prior to discarding. The opposite end to where the tape is attached should be inserted first to ensure the tape remains visible where possible. The throat pack should be left protruding from the oral cavity and attached to the airway device in situ acting as a visual-based cue. Due to some surgical procedures this will not always be possible and on these occasions all theatre team members are reminded to be extra-vigilant to the risk of a retained throat pack.

4.7 If the surgeon is to insert the pack; Once the patient is in theatre and appropriately prepared the surgeon will request a swab from the scrub team and place as required, again ideally with some protruding from the mouth. This will be on the swab/instrument count as per standard practice. The placement of this pack should be clearly announced to the whole theatre team.

4.8 Once a throat pack has been inserted a 'throat pack insitu' warning sticker (see fig. 2) should be securely attached directly to the artificial airway in situ by wrapping around the airway and sticking back on itself in a manner similar to how airline baggage labels are attached, again acting as a visual-based cue. See fig. 3



Figure 2. Throat pack in situ, pack in and pack out stickers to provide visual and documentary based practice as per NPSA alert guidance



Figure 3. The secure application of the 'throat pack in situ' sticker

4.9 An additional documentary-based cue should be used by placing 'pack in' and 'pack out' stickers on the anaesthetic chart- as is current practice. These should both be confirmed by two separate signatories.

4.10 At the end of the procedure the person who was previously identified as responsible for pack removal will remove the throat pack and this will be witnessed by the anaesthetic, surgical and scrub teams. Following this, the final count can be completed, documentation updated and when/if appropriate emergence from anaesthesia commenced.

4.11 When the patient is transferred to the recovery unit a complete handover will be given by the anaesthetic team, as is standard practice, which must include a clear articulation that a throat pack has been used and that it has been removed.

The above procedure is summarised in the flow diagram in appendix 1.

5. INTERNAL AND EXTERNAL REFERENCES

a. Internal References

Serious Incident Report SIR 2015/33082

b. External References

NPSA Alert

Central Alert System Reference NPSA/2009/SPN001

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59853>

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Appendix 1- Flow chart for throat pack insertion

