

Please note this is an EXAMPLE NURSING TIP SHEET and is to serve as an educational and organizational resource only. **Please always follow the policies and procedures for your institution and practice. Please always follow treating physician's orders.**

Nursing Tip: GYN Interstitial HDR Implant Removal (with Bleed Kit Preparedness)

Pre-Removal Preparation

- **Comprehensive Assessment:** Conduct a holistic physiological and psychosocial evaluation.
- **Hemodynamic Stability:** Confirm baseline vitals are within stable parameters.
 - If patient is experiencing hypotension, discuss with MD about possible interventions prior to removal (such as IV bolus, albumin, etc)
 - If hemoglobin and platelet level are considerably low, discuss with MD before proceeding
- **Vascular Access:** Verify patency of large bore IV; ensure balanced crystalloids (e.g., Lactated Ringer's or Plasmalyte) are primed and accessible.
- **Patient Education:** Detail the procedural steps to mitigate anxiety and promote cooperation.
- **Pharmacological Intervention:** Administer prescribed analgesia or anxiolytics as indicated.
- **Positioning:** Place patient in a supine, modified lithotomy position (knees flexed and supported).
- **Continuous Surveillance:** Initiate multi-parameter monitoring (NIBP, HR, SpO₂, and EKG if indicated).

Resource & Equipment Preparedness

- **Standard Supplies:** Sterile gauze, absorbent under-pads, surgical scissors, and hemostats.
- **Procedural Tools:** Vaginal packing, water-soluble lubricant, and long dressing forceps (e.g., Bozeman).
- **Ancillary Gear:** Foley catheter irrigation kit and appropriate Personal Protective Equipment (PPE).

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Hemorrhage Control ("Bleed Kit") Readiness

- **Required Components:**
 - **Hemostatic Agents:** Topical thrombin or ferric subsulfate.
 - **Visual Field Optimization:** Ensure a speculum with an integrated or compatible light source is at the bedside prior to the start of the procedure
 - **Packing Materials:** Sterile gauze (minimum 30 units) and vaginal packing strips (~ 3-5).
 - **Instruments:** Speculum with integrated light source and Bozeman forceps.
 - **Volume Expansion:** 1L **isotonic buffered solution** with a pressure infusion bag.
- **Logistics:** Maintain the hemorrhage kit in the immediate vicinity (outside the sterile field).
- **Audit:** Conduct routine inventory checks to ensure immediate utility.
- **Proactive Presence:** Anticipate clinical needs to maintain a continuous bedside presence during the high-risk window.

Intra-Procedural Management

- **Symptom Monitoring:** Assess for acute hemorrhage, vasovagal syncope, pelvic distress, or gross hematuria.
- **Psychological Support:** Utilize therapeutic communication and distraction techniques.
- **Hemostasis:** Assist with the application of packing and hemostatic agents upon provider request.

Risk Stratification & Escalation

- **Advanced Positioning (High-Risk):** For patients identified as high-risk (e.g., large tumor volume, large implant, BMI > 40 coagulopathy), utilize an OR-compatible transfer sled or "strip."
 1. Position the patient's perineum at the edge of the break in the table to allow for immediate transition to lithotomy (legs in stirrups) if surgical intervention or extensive vaginal packing is required.

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- **High-Risk Indicators:** Monitor closely for patients with age <35, uterine fibroids, tumor volume >4 cm, hgb level, platelet level, history of bleeding or documented coagulopathies.
- **Resource Allocation:** Request additional nursing or surgical staff for high-risk cases.
- **Escalation Pathway:** Establish a clear threshold for surgical or ICU consultation if hemorrhage persists.

Post-Removal Protocol

- **Stabilization:** Continue hemodynamic monitoring until the patient meets discharge or transfer criteria.
- **Clinical Documentation:** Record procedural details, estimated blood loss (EBL), and interventions in the Electronic Health Record (EHR).
- **Continuity of Care:** Provide a comprehensive SBAR handoff to the receiving unit.
- **Patient Education:** Review post-operative precautions and confirm the outpatient follow-up schedule.