

A California Health District

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Purple Packing Arm Bands



Introduction

The birth centers at both campuses have rolled out a process of banding patients to provide a visual alert to the medical staff that a patient has packing inserted in her uterine and/or vaginal cavity.

Situation

Vaginal packing is used on the birth center to manage bleeding due to laceration, hematoma, and to stabilize uterine hemorrhage balloons. This packing remains inserted for 8-24 hours. Packing that is not adequately accounted for and left within the body can cause infection or abnormal involution of the uterus, causing additional blood loss.

Background

In participation with California Maternal Quality Care Coalition (CMQCC) monthly team calls, suggestions for managing maternal hemorrhage and safety measures are regularly discussed.

Background

We have adopted the CMQCC Hemorrhage Toolkit 2.0, in its entirety, as it is considered the "gold standard" and a leading reference on the subject nationally. Arm banding to create a visual alert cue to medical staff has been adopted by many of the hospitals on our team.

Assessment

Previously, we only documented the number of sponges used for packing in the EMR. There was a potential for error with that process, as these situations are often emergent and the packing remains inside the body across shifts and providers.

Assessment

We have decreased the potential of additional harm to the patient by providing an immediate visual cue to alert to nursing staff that the patient has packing inserted in her uterine and/or vaginal cavity, as well as the number of sponges used.

Recommendation

Implementing an arm banding procedure for patients that have vaginal packing inserted has provided a safety "double check". We have chosen purple armbands. The alliteration of the "P" and the availability of the color made purple a logical choice for indicating packing.

Recommendation

The nurse writes the number of sponges inserted by the provider on the band at the bedside and applies it to the patient's wrist. When the provider removes the packing, the band is removed by the nurse. This does not replace documentation of sponges on insertion and removal in the EMR.

Timeline

The armband process has been rolled out at both facilities and education of the staff has occurred through e-mail communication, bulletin boards, and circulation of the printed original Power Point Presentation.

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Hemorrhage Toolkit 2.0, in its entirety, as it is considered the "gold standard" and a leading reference on the subject nationally. Arm banding to create a visual alert cue to medical staff has been adopted by many of the hospitals on our team.

Purple Packing Arm Bands



Assessment

Currently, we document the number of sponges used for packing in the EMR. There is a potential for error with this process, as these situations are often emergent and the packing remains inside the body across shifts and providers.

Assessment

We can decrease the potential of additional harm to the patient by providing an immediate visual cue to alert to nursing staff that the patient has packing inserted in her uterine and/or vaginal cavity, as well as the number of sponges used.

Recommendation

Implementing an arm banding procedure for patients that have vaginal packing inserted will provide a safety "double check".

We have chosen purple armbands. The alliteration of the "P" and the availability of the color made purple a logical choice for indicating packing.

Recommendation

The nurse will write the number of sponges inserted by the provider on the band at the bedside and apply it to the patient's wrist. When the provider removes the packing, the band will be removed by the nurse. This will not replace documentation of sponges on insertion and removal in the EMR.

one purple band and a Sharp will be stocked in drawer #6
of the hemorrhage cart
(the balloon drawer).
Bands for restocking will be kept in and emesis basin in the medication room, next to the spare Bakri balloons.



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