NHS CATS
Children's Acute Transport Service

Clinical Guidelines

Throat packs

Document Control Information

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For this guideline, we will refer to ‘throat pack’ as any packing placed inside the mouth.

The use of a throat pack during transport will be a rare event, and the decision to insert one should be made after alternative solutions have been rejected based on assessment of the risk/benefit.

Indications

These are more commonly used oral and maxillofacial surgery for the following reasons:

- Absorption of blood, other secretions or external fluids that may seep into the back of the patient’s throat and enter the oesophagus or lungs during surgery.
- Stabilising the tracheal tube or a supraglottic airway device and thus prevent its displacement.
- Sealing of area around the tracheal tube and thus reduction of leakage of air, especially when ETT is too small for the patient, or uncuffed.

The latter is the most likely reason a throat pack would be considered on transport.

Background

Unintentionally retained throat packs are a ‘never event’ as defined by NHS England. The most serious complication is failure to remove the throat pack before extubation, resulting in airway obstruction.

The UK National Patient Safety Agency (NPSA) issued a report in 2009 aiming to reduce the incidence of retained throat packs.

During the 24-month period from 1 January 2006 to 31 December 2007, 38 incidents related to throat packs were identified, of which 24 (63%) were unintended retention of throat packs. One case led to a ‘crash call’ and involved re-intubation and was considered to result in ‘moderate’ harm. In 20 of the 24 pack retention incidents, the reason why the throat pack was not removed was that it had been forgotten. The risk is increased by organisational and human factors such as changing of the treating team, fatigue, and incomplete handover.

Management

- The decision to use a throat pack should be clearly justified and must be discussed with the CATS consultant on-call.
- Consider other alternatives, such as upsizing the ETT, or exchanging from an uncuffed ETT to a cuffed ETT using a video-laryngoscope (+/- bougie) – this should also be following discussion with the duty CATS consultant, and, if outside of the NICU, the local anaesthetic team should be involved and present.

- The person inserting the throat pack should be airway trained and will assume responsibility for ensuring safe insertion; and for ensuring appropriate hand-over or pack removal takes place.
- All staff should be informed of the insertion of the throat pack and the safety measures in place.
- If available, a gauze swab with a radiolucent thread is preferable as this enables them to be identified using xray.

Safety measures

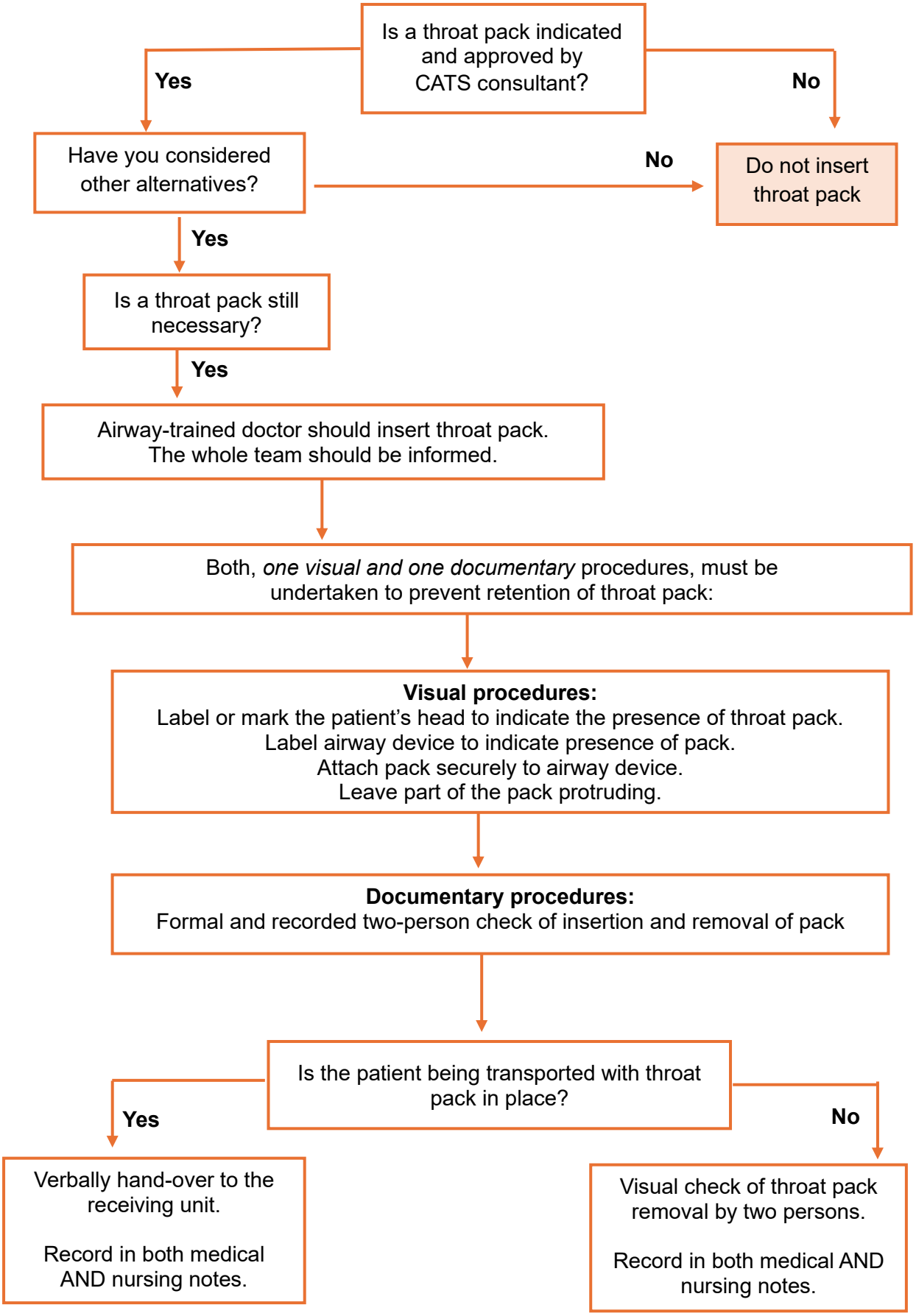
Both a visual and documentary procedures must be applied whenever a throat pack is inserted.

Procedures involving visual checks:

- Put a label clearly stating “throat pack” either on the patient’s head or, exceptionally, on another visible part of the body with an adherent sticker or marker. Do not remove the mark before the throat pack is removed.
- Put a label clearly stating “throat pack” on the artificial airway device (for example, tracheal tube or supraglottic mask airway). Do not remove the mark before the throat pack is removed.
- Attach the throat pack securely to the artificial airway.
- Leave part of pack protruding externally.

Procedures involving documented evidence:

- Formalised, recorded documentation of insertion and removal of a throat pack. All the team members are responsible for ensuring this information is recorded in both, the medical and nursing notes.
- When the throat pack is removed: a VISUAL check of the throat pack will be performed as a ‘two-person’ check, and this should be formally recorded in the notes.
- If the patient is transported with a throat pack in place, this should be verbally handed over to the receiving team and formally stated in the medical and nursing notes.


Is a throat pack indicated and approved by CATS consultant?
Yes
No
Have you considered other alternatives?
No
Do not insert throat pack
Yes
Is a throat pack still necessary?
Yes
Airway-trained doctor should insert throat pack.
The whole team should be informed.
Both, one visual and one documentary procedures, must be undertaken to prevent retention of throat pack:
Visual procedures:
Label or mark the patient's head to indicate the presence of throat pack.
Label airway device to indicate presence of pack.
Attach pack securely to airway device.
Leave part of the pack protruding.
Documentary procedures:
Formal and recorded two-person check of insertion and removal of pack
Is the patient being transported with throat pack in place?
Yes
No
Verbally hand-over to the receiving unit.
Record in both medical AND nursing notes.
Visual check of throat pack removal by two persons.
Record in both medical AND nursing notes.

References

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

2. Athanassoglou V, Patel A, et al. 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). Anaesthesia. 2018 May;73(5):612-618. doi: 10.1111/anae.14197. Epub 2018 Jan 10. PMID: 29322502.

3. Use of Throat Packs in Theatres Clinical Guideline V6.0. February 2024. Royal Cornwall Hospitals NHS Trust.

4.Bailey CR, Nouraie R, et al. Have we reached the end for throat packs inserted by anaesthetists? Anaesthesia. 2018 May;73(5):535-538. doi: 10.1111/anae.14168. Epub 2018 Jan 10. PMID: 29322492.

5.Cardiff and Vale University Health Board. Management of a throat pack – policy and procedure. Reference Number: UHB 278, version 3. 10 January 2023.