



## Checklist for Condom Tamponade

STEPS	CASES				
PREPARATION					
1. Prepares all necessary equipment. All instruments and materials should be sterile. Connects infusion bag that will be used to inflate the condom, to IV catheter.					
2. Tells the woman (and her support person) what is going to be done, listens to her and responds attentively to her questions and concerns.					
3. Provides emotional support and reassurance, as feasible.					
4. Ensures the bladder is empty. Catheterizes it if necessary.					
5. Gives prophylactic antibiotics.					
6. Puts on all personal protective barriers.					
INSERTION AND INFLATION					
1. Washes hands and forearms thoroughly and puts on sterile (use elbow-length gloves, if available).					
2. Places condom over the Foley's catheter leaving a small portion of the condom beyond the tip of the catheter.					
3. Using sterile suture or string, ties the lower end of condom snugly on the Foley's catheter. Tie should be tight enough to prevent leakage of saline solution but should not strangulate catheter and prevent inflow of water.					
4. Places a Sims speculum in the posterior vaginal wall. Holds the cervix with the sponge or ring forceps. Using an aseptic technique, places the condom's end high into uterine cavity, past the cervical canal and internal os with aid of a forceps.					
5. Connects outlet of Foley's catheter to IV set which has been connected to infusion bag. Inflates condom with saline to about 300-500 ml (or to amount at which no further bleeding is observed).					
6. Folds over the end of the catheter and ties when desired volume is achieved and bleeding is controlled.					

7. Maintains it in-situ for 12-24 hours if bleeding is controlled and client is stable.					
8. Continues uterotonic infusion: 20 IU Oxytocin in 1000 ml saline solution, 60 drops/minute.					
9. Continues to monitor the client closely for first 2 hours (vital signs, urinary output, uterine tone, vaginal bleeding), every 30 minutes for 3-4 hours, and then every hour for next 5-6 hours. - Resuscitates and/or treats shock, if necessary.					
10. Places a pen mark on the abdomen at the level of uterine fundus. - Any increase in uterine size above this mark, along with changes in vital signs, suggests that blood is accumulating within the uterine cavity above the tamponade.					
11. If bleeding is not controlled within 15 minutes of initial insertion of condom tamponade, abandons the procedure and seeks surgical intervention immediately. - The inflated uterine tamponade should remain in place until surgical interventions are available. - Mobilizes to higher center if surgical facilities not available					
<b>DEFLATION</b>					
1. When no further bleeding has occurred and the client has been stable for at least 12 hours, slowly deflates the condom by letting out 200 ml of saline every hour.					
2. Re-inflates it to the previous level if bleeding reoccurs whilst deflating, and considers surgical intervention.					
<b>POST-PROCEDURE TASKS</b>					
1. Removes gloves and discards them in appropriate bag.					
2. Washes hands and forearms thoroughly.					
3. Regularly monitors vaginal bleeding. Takes the woman's vital signs and makes sure that the uterus is firmly contracted.					
4. Documents the procedure and all the parameters in woman's case record.					