

ED Nursing Sample Protocol for Manual Uterine Aspiration (MUA) Management in the Emergency Department

1. Review chart and patient history
2. Review patient diagnostics
3. Confirm documentation of counseling, consent and any patient education
4. Perform hemoglobin check as indicated
5. Review orders
6. Verify no contraindications to procedure
7. Assess patient's prior surgical history and review any allergies to medications and anesthesia
8. Assess patient's cognitive, psychosocial and cultural status and any factors that may impact understanding or readiness for procedure, provide emotional support
9. Prepare procedure room
 - Sterile instruments:
 - Tenaculum
 - Ring forceps (if using metal forceps)
 - Sterile drape for instruments
 - Metal speculum
 - Betadyne
 - 2x2 or 4x4 sterile gauze pack
 - Lidocaine
 - Syringe (control top preferred)
 - Spinal needle or needle elongator
 - Long Qtip swabs or scopettes
 - Manual uterine aspirator (MUA)
 - Sterile dilators
 - Sterile cannulae for MUA
 - Basin or sterile urine cup for products of conception
 - Misoprostol or methergine available (in Pyxis or rapid access)
10. Prepare patient with appropriate draping, chux pad under pelvis
11. Assist provider with procedure
12. Support patient through procedure
13. Take products of conception and send to lab with appropriate order
14. Support patient through recovery, ensuring stable vital signs, level of consciousness, pain status and bleeding within normal limits
15. Confirm patient understanding of warning signs and symptoms post procedure (fevers, severe pain, bleeding and soaking more than 2 sanitary pads/hour for over 2 hours in a row, etc.) and when to call provider or advice line
16. Review medication instructions
17. Process and clean equipment or send to sterile processing
18. Ensure gynecology cart adequately stocked for next MUA procedure