

NURSING POLICIES AND PROCEDURES

Title: Manual Vacuum Aspiration (MVA)

Policy: Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and/or Medical Assistants may assist with this procedure as they would for any gynecologic procedures done in the office and in accordance with regulatory bodies for your organization.

Purpose: To outline the Nurse's role before, during, and after MVA

Procedure: **1. Gather and set up the needed equipment**

Sterile instrument trays will be made up of the following:

- 2 sponge sticks
- Single tooth tenaculum
- Metal speculum
- Set of dilators
- Sterile gauzes

Additional equipment for the procedure will be kept available:

- 10 cc syringes
- 21 gauge 2" needles
- 18 gauge 1" needles
- IPAS aspirators
- Cannulas sizes 5 through 10
- Lidocaine 1%

2. Pre-Manual Vacuum Aspiration

Have patient empty their bladder. Assure that documentation of an intrauterine, non-viable pregnancy is present in the chart.

Obtain vital signs and document results in the chart.

Cover table paper with blue chuck. Place another chuck over the front drawer.

The RN or LPN can pre medicate with an analgesic as per Clinician's order.

Obtain documentation of Rh type and, if Rh negative, make sure a dose of micro-rhogam is available.

3. Manual Vacuum Aspiration

Assist Clinician with needed solutions, supplies and instruments.

Label specimen jar and fill out the laboratory requisition form/pathology sheet if required by state regulation. Otherwise tissue can be disposed of in a urine cup with medical waste.

4. Post-Manual Vacuum Aspiration

Measure pulse and blood pressure, document the results in the patients' chart. Inform the provider of any changes.

Assist the patient in getting dressed when she feels ready and provide them with a sanitary pad.

Instruments should be taken to the dirty utility room. Any blood-soaked gauze and drapes should go in the red bag waste.

Review the Patient Information Sheet with the patient.

Document patient education, the presence or absence of patient complaints, and the stability of the patient upon departure from the clinic.

Confirm that the Clinician has follow-up information for where to reach patient and that the patient has the provider's beeper number to call for questions or problems.