



PROCEDURE CHECKLIST

Vaginal and speculum examination

A systematic, chaperoned speculum and bimanual pelvic examination in the emergency department to assess bleeding, pain, discharge, trauma or a foreign body, and to take swabs.



EM Orbit

Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Private room, chaperone
- ☐ Gloves, apron
- ☐ Speculum (bivalve, several sizes) and a good light source
- ☐ Water-based lubricant or warm water
- ☐ Swabs: high vaginal, endocervical, and nucleic acid amplification test kits per local laboratory
- ☐ Sponge-holding forceps and gauze
- ☐ Urine pregnancy test
- ☐ Sanitary pad and tissues

Before · Preparation and consent

- ☐ Take a relevant history: last menstrual period, pregnancy possibility, bleeding, pain, discharge, sexual history, contraception, cervical screening
- ☐ Perform a urine pregnancy test in anyone of reproductive age
- ☐ **Do not perform a digital vaginal examination in antepartum haemorrhage until placenta praevia has been excluded by ultrasound**
- ☐ Explain the examination, why it is needed and that it can be stopped at any time; obtain verbal consent and document it
- ☐ Offer a chaperone, record the chaperone's role and presence, or the patient's refusal
- ☐ Ask the patient to empty her bladder
- ☐ Provide privacy to undress from the waist down and a sheet to cover

Before · Positioning

- ☐ Position supine with knees bent, heels together and knees apart (or lithotomy if available)
- ☐ Wash hands and put on gloves; ensure the light is directed

During · Inspection

- ☐ Inspect the vulva, perineum and perianal area

During · Speculum examination

- ☐ Warm and lubricate the speculum

- ☐ Part the labia with the non-dominant hand and insert the closed speculum with blades vertical or oblique, directed posteriorly
- ☐ Rotate the blades to horizontal as you advance, then open gently to visualise the cervix
- ☐ Lock the speculum and inspect the cervix
- ☐ Remove products of conception at the os with sponge-holding forceps if causing cervical shock, and call gynaecology
- ☐ Take swabs as indicated: high vaginal swab from the posterior fornix, endocervical swab and nucleic acid amplification tests for chlamydia and gonorrhoea
- ☐ Inspect the vaginal walls as you withdraw, unlocking and closing the blades as you pass the cervix

During · Bimanual examination

- ☐ Insert lubricated index and middle fingers into the vagina; place the other hand on the abdomen above the pubis
- ☐ Palpate the cervix and check for cervical motion tenderness
- ☐ Assess uterine size, position, mobility and tenderness
- ☐ Palpate each adnexa for masses and tenderness
- ☐ Palpate the posterior fornix for tenderness or fullness
- ☐ Withdraw and inspect the glove for blood or discharge

After · Completion and documentation

- ☐ Offer tissues and a pad and allow the patient to dress in privacy
- ☐ Explain the findings and next steps
- ☐ Label and send swabs promptly
- ☐ Arrange ultrasound or gynaecology or obstetric referral as indicated
- ☐ Offer Anti-D immunoglobulin where indicated for rhesus-negative women with bleeding in pregnancy, per local protocol and gynaecology advice
- ☐ Document consent, chaperone, findings of inspection, speculum and bimanual examination, samples taken, and plan



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-vaginal-exam · red rows are the steps that must not be missed