FRANCISCAN ST. FRANCIS HEALTH
INDIANAPOLIS, MOORESVILLE AND CARMEL CAMPUSES
NURSING AND PATIENT CARE SERVICES

TITLE: COUNTS SPONGE

Section:	Surgery	Policy:	# 490.02
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Keywords:	Surgical, Surgicount	Initial Approval Date:	02/12/2008
		Prior Revision Date:	11/09/2010
		Latest Revision Date:	07/10/2012

I. Policy / Purpose: To provide guidelines to ensure correct sponge counts during a procedure.

The unintended retention of a foreign object in a patient after surgery or other procedure (excluding broken microneedles) is a reportable event to the State of Indiana. The manager / director of the affected area or nursing supervisor will notify the Risk Manager during business hours and / or the Administrator on-call during non-business hours. Refer to Administrative Policy, Sentinel Event or Potential Serious Adverse Patient Occurance, # 950.66.

This policy addresses HFAP elements: 30.00.08

II. Scope: OR Suites, Obstetrics / Labor and Delivery, Electrophysiology Lab (EP), Cath Lab, and Interventional Radiology

III. Responsible Persons: RN, LPN, CST, PCN, ST, Radiology Tech, Cath Lab Tech, OB Tech, Entire Surgical Team

IV. Equipment: Electronic record
or operative record for downtime
Unit specific document
Count list
SurgiCount Scanner
Sponge counter bags

V. Procedure:

A. Sponge Counts

1. The pre-procedure sponge counts are done audibly and viewed concurrently by the scrub personnel and circulating nurse, one of whom must be a registered nurse, prior to an incision being made. Each type of sponge being counted should be separated and counted aloud. When a manual count is required, SurgiCount verification will also be required (where available). Always verify the correct

beginning count on SurgiCount Scanner screen as personnel are scanning items to provide both auditory and visual confirmation. Examples of counted sponges include radiopaque 4X4s, lap sponges, cottonoids, cherry dissectors and tonsil sponges. Verify that radiopaque-marking string is located on each sponge. No sponges or cottonoids should be altered in any way.

Special Note: In case of an emergency, the sponge count may be omitted at the discretion of the physician performing surgery. If this is done, it is documented under the intraoperative orders on the electronic operative record and in an Intra-Op Nurses' Note, an X-ray is obtained after skin closure prior to exiting operating suite, and an electronic incident report is completed.

Special Note: Procedures in which a sponge count is exempt include, those that do not require a skin incision and where no body cavity is invaded. These procedures include but not limited to, arthroscopic, topical (laser, dermatologic cases, wart / mole removal, eyes and myringotomy cases).

2. At no time should a counted sponge leave the operating room (OR) (e.g. with a specimen).
3. Count all sponges that are on the field. The circulating nurse will scan the sponges' master tag prior to delivering additional sponges to the sterile field. When additional sponges are added to the sterile field, they should be counted at that time and recorded to keep the count current and accurate.
4. Any package containing the incorrect number of sponges should be removed from the field, bagged, labeled and isolated from the rest of the sponges in the OR.
5. The circulating nurse places soiled sponges in designated location, using Standard Precautions, separating each sponge so that the anesthesiologist / physician and scrub personnel can easily view them. Both scrub personnel and circulating nurse counting must be able to see each sponge after use.
6. Counts are performed at the same time as the sharp counts:
   a. Before the procedure to establish a baseline
   b. Closing counts, which may be up to four (4) counts:
      1) Before closure of a cavity within a cavity
      2) Before wound closure begins
      3) At skin closure or end of procedure
      4) At the time of permanent relief of the scrub person and / or circulating nurse
   c. If a large amount of sponges are used (more than one package / set), these will be bagged in sponge counter bags. The scrub personnel and circulating nurse, one of whom must be a registered nurse, must count audibly, scan individual sponges, and view the count concurrently. The sponges shall be bagged as follows:

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1) Lap sponges are bagged in groups of five (5).
2) Radiopaque 4 X 4 are bagged in groups of ten (10).
3) Cottonoids of same size are bagged in groups of ten (10).
4) Cherry dissectors are bagged in groups of five (5).
5) Before bagging sponges, permission needs to be given by the anesthesiologist.
6) Sponges may be weighed prior to bagging if warranted for procedure being performed

7. Sponge counts should be conducted in the same sequence each time. The counting sequence should be in a logical progression (largest to smallest, proximal to distal etc.).
   a. First count one type of sponge on operative field.
   b. Count the same type of sponge on the mayo stand.
   c. Count the same type of sponge on back table.
   d. Count same type of sponge off of the sterile field in designated location.
   e. Total the count.
   f. Repeat for each type of sponge used during procedure.
   g. The physician performing the procedure, is notified verbally of the results of the count and the surgeon must verbally acknowledge the count.
   h. The circulating nurse will record the correct count, physician that was notified and scrub personnel last name / circulating nurse last name.
   i. Sponges are scanned out using the electronic barcode system (e.g. SurgiCount) after the final manual count and before the skin is closed.
   j. On all major procedures, sponge counts are made before closing; peritoneum, fascia, skin. On all minor procedures, sponge counts are made before closing; fascia, skin. Only one closing count is required for tonsillectomy, hand and foot cases. On cases requiring cardiopulmonary bypass, sponges are counted during the rewarming phase.

      Special Note: If the procedure is performed with more than one physician, a sponge count MUST be completed prior to the physician performing the procedure leaves the room.

   k. In obstetrics, sponge counts for Cesarean sections are made before closing each layer; uterus, peritoneum, fascia and skin.
8. If the sponge count is incorrect, notify the physician performing the procedure and suspend the procedure if the patient condition permits. Begin a search of the field, room, trash, and linen for missing sponge(s). If not found, a X-ray of the patient is initiated. X-ray must be taken to cover all pertinent areas of interest (taking multiple films if necessary). If sponge not found after X-ray is obtained, the count is recorded incorrect with scrub personnel and circulating nurse's name. The charge nurse will be notified.
   a. A verbal order, Read Back and Verify Verbal Orders (RVVO) for X-ray is entered and X-ray department notified.

b. An X-ray may be taken in the area of the suspected retained object. However, if no object is seen, additional (may be multiple) X-rays will be taken to assess the entire abdomen / surgical site for sponges that may have migrated from a specific site.

Special Note: If the item is 3 inches or less than in length or width, scan the area of concern with fluoroscopy and follow with still film (AP / PA and LAT).

c. Complete an electronic incident report using Risk Monitor Pro.
d. The X-rays are taken and read. A verbal report is given to the surgery nurse, who then reports to the findings to the primary physician performing the procedure.
e. The nurse records the name of the radiologist who reads the X-rays and who received the call on the Incident Report
f. The X-rays are viewed electronically or filed in patient's jacket - if applicable.
g. A written report of the X-ray is placed in patient's chart.

9. Counted sponges should not be used as post operative packing, if used, they must be documented.

Special Note: In certain circumstances, such as when counted sponges are intentionally used as packing and the patient leaves the OR with this packing in place, the number and types of sponges retained and the reason for the variation should be documented on the intra-operative record. Intentionally retained sponges are documented in the electronic sponge counting system also. The physician performing the procedure will mark the skin or dressing using indelible marker and legibly document:

1) Type of sponge
2) Number of sponges
3) Date and time with physician's intials

When the patient returns to surgery and the packed sponges are removed, the number and types should be reconciled with the number and types removed. The sponges removed should be isolated and not included in the counts for the subsequent procedure. If the sponges are removed in an area other than the OR, the number removed should be noted on the patient record.

10. Towels should not be used for packing unless they are radiopaque. Non-radiopaque gauze dressings should be withheld from the surgical field until the wound is closed. Electronic barcode reconciliation will be completed with all sponges / towels off the sterile field before the final dressing is applied and prior to the patient leaving the room.

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DOCUMENTATION

A. Document all assessments / interventions on electronic / unit specific flow sheet.
B. Document all teaching on electronic / paper multidisciplinary patient teaching record.
C. Document all counts.
D. Document that final sponge counts are correct, counted by whom and that physician has been notified. Verify counts with Surgicount Scanner.

REFERENCES:

Franciscan St. Francis Health, Administrative Policy, Sentinel Event or Potential Serious Adverse Patient Occurrences, # 950.66.

Franciscan St. Francis Health, Nursing & Patient Care Services Policy, Read Back and Verify Verbal Orders (RVVO).

AORN, Perioperative Standards and Recommended Practices, for Sponge, Sharp and Instrument Counts 2012.

Chapter 19. Recommended Practices for Prevention of Retained Surgical Items *P. 313-332; DOI: 10.6015/psrp.12.01.0313*

Review Panel:
Anders, Rhonda, MSM, BSN, RN, CNOR, NE-BC, Director of Perioperative Services, Indianapolis Campuses, - 07/2012.

Alexander, Sherri, CST, Educator, Perioperative Services, Indianapolis Campus, - 07/2012.

Bratina, Angela, MSN, RN, FNP, BC, Assistant Director Women and Children Services, Indianapolis Campus, - 07/2012.

Brock, Stephanie, BSN, RN, Manager, Obstetrics, Mooresville Campus, - 07/2012.

Clendenen, Jessica, BSN, RN, CNOR, Cardiovascular Operating Rooms, Indianapolis Campus, - 07/2012.

Harding, Cathleen, ASN, RN, CNOR, Surgical Operating Rooms, Gynecology Team Leader, Indianapolis Campus, - 07/2012.

Hentz, Deborah, MSN, RN FNP, BC, CPHQ, Quality Manager Surgery, Radiology and Oncology, - 07/2012.

Long, Jeanne, BSN, RN, Educator, Perioperative Services, Indianapolis Campus, - 07/2012.

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Mandelbaum, Jon, A., M.D., FACS, FASBS, Surgeon, - 07/2012.

Mattingly, Howard, RN, Cardiac Cath Lab, Indianapolis Campus, - 07/2012.

Owens, Darla, K., BSN, RN, CNOR, Manager, Perioperative Services, Mooresville Campus, - 07/2012.

Smith, Coral, MSN, RN, ACNS – BC, CPAN, Perioperative Clinical Nurse Specialist, Indianapolis Campuses, - 07/2012.

Teague, Julie, MSN, RN, CNOR, Manager, Operating Room, Indianapolis Campuses, - 07/2012.

Tomlinson, Kristin, BSN, RN, Post Anesthesia Care Unit, Indianapolis Campus, - 07/2012.

Trout, Michael, RN, Interventional Radiology, Indianapolis Campus, - 07/2012.

Waite, Kim, BSN, RN, Personal Staff Development Educator, Mooresville Campus, - 07/2012.

NURSING & MEDICAL STAFF COMMITTEE APPROVALS:
Procedural Patient Safety Committee: - 06/11/2012.
Clinical Practice Council: - 07/10/2012.
Nursing Executive Committee: - 07/2012.

Approved by:_____ (Signed, original policy on
Susan McRoberts, Vice President and Chief Nursing Officer file in Nursing Office)
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