

Title: WIS - Vaginal Birth Sponge, Sharps, and Instruments Count Policy	
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Discrete Operating Unit/Facility: Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner--University Medical Center Phoenix Banner--University Medical Center Tucson East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional Medical Center Torrington Community Hospital Washakie Medical Center Wyoming Medical Center	

I. Purpose/Population:

- A. **Purpose:** Eliminate unintentionally retained foreign objects following a vaginal delivery.
- B. **Population:** WIS Patients

II. Definitions:

- A. **MR:** Medical Record
- B. **Countable Items:** Any item that can be unintentionally left behind after a vaginal delivery, this includes:
 - 1. **Sponges:** Sponges are items (e.g. Raytec, laparotomy sponges/tape/pads) used to absorb fluids, protect tissues, and/or apply pressure or traction. All sponges must be Radio-opaque.
 - 2. **Sharps:** Sharps include suture needles, scalpel blades, hypodermic needles, electrosurgical needles and blades, and safety pins.
 - 3. **Instruments:** Surgical tools or devices designed to perform a specific function, such as cutting dissecting, grasping, holding, retracting, or suturing.

III. Policy:

- A. Counts are to be performed by a registered nurse (RN) and one of the following approved personnel: Registered Nurse, Certified Nursing Assistant (CNA), Unlicensed Assistive Personnel (UAP), Certified Nurse Midwife (CNM), OB Scrub Tech or Physician. All must be trained to carry out the count process effectively.
- B. Immediately after counting each category of countable items (e.g. sharps, raytecs, sutures, safety pins) the Labor and Delivery nurse will document the number on a preformatted whiteboard. The other person involved in the count process will confirm the number.
- C. Correct count (yes/no) should be documented in the MR.
- D. If discrepancy occurs, document actions taken in patient Medical Record.
- E. All sponges delivered to the delivery field will have radiopaque markers.
- F. Persons involved in the delivery will not leave the delivery unit until final counts of sponges, sharps, and instruments are accurate and complete. If the provider must leave for an emergency the count will be completed by two other members of the Labor and Delivery team who have been trained in the counting process.
- G. Accounting for all sponges, sharps, and instruments will be documented in the patient MR
- H. In the event that sponge(s) are intentionally left for vaginal packing by physician, lap sponges with tails will be used and documented in patient's medical record. An order for the expected timing of removal of an intentionally retained sponge(s) will be entered and communicated in patient's MR. Documentation of removal of sponge(s) in patient's medical record will be completed by the health care professional removing sponge(s).

IV. Procedure/Interventions:

- A. **Conduct Room Survey:** Before a patient is brought into an L&D room a registered nurse (RN) or Certified Nursing Assistant (CNA), Unlicensed Assistive Personnel (UAP), Licensed Practical Nurse (LPN), Certified Nurse Midwife (CNM), OB Scrub Tech or Physician will thoroughly check the room to ensure that all evidence (e.g., count record) from the previous patient and procedure has been removed including whiteboards. (BUMCT Scrub Techs responsible for turning over rooms and are the ones making sure the whiteboards have been erased)
- B. **Who Counts:**
 - 1. All counts *must* be conducted by an RN and one other approved person who has been trained in the count process.
 - 2. All counts are conducted by staff assigned to the case
- C. **What to Count:**

1. Sponges/soft goods – only radiopaque sponges will be present in the Labor and Delivery tray or the delivery field
2. Sharps—No suture needles will be added to the table prior to table being placed at the patient's bedside.
3. Instruments
4. Miscellaneous items, including those that are non-radiopaque
5. Counted items *should not* be cut or altered in any way. If a counted item *is* cut or altered in any way all parts of the item must be documented on the white board and removed from the field.

D. Establish Baseline Count:

1. The RN and second person will count the, instruments immediately before the delivery table is used. Sponges and needles or sharps are counted and added unopened until needed also when opened they are counted and separated for easy visualization.
2. The RN will record the baseline count on a preformatted, permanently inscribed, white board immediately after counting each category of countable items. The second person will verify that the count for each category of items is correctly documented.
3. All countable items *must* be included in the baseline count.
4. It is important to ensure that the baseline count is accurate, because the baseline count is the standard against which all subsequent counts are compared. Then, as counted items are added to the delivery field, they are tallied on the white board.

E. When to count and document:

1. Immediately *before* the delivery table is used (baseline count).
2. When additional countable items are added to the delivery field,
3. At the completion of the procedure,
4. With permanent staff change of the RN (a structured handoff is required for temporary relief, but a count is not),
5. Anytime there is concern by any member of the team about accuracy of the count.

F. How to Count:

1. Both the RN and second person *must* stand near each other while they *directly view* each counted item as they *count out loud together*.
2. When counting sponges, both people must directly view the radiopaque marker.
3. The count of each category (e.g., laps, needles) of items *must* be uninterrupted. If the count is interrupted, then the category of items in which the interruption occurred must be recounted.
4. **Special handling instructions for the counts follow:**
 - a. *Baseline Count:*
 - i. Sponges - All sponges *must* be X-ray detectable. When counting the radiopaque marker for raytec sponges, the OB provider, or scrub person should break the banding tape and separate each sponge by drop count (lay each separated sponge on top of another, one by one).
 - ii. Laps - The tape must be broken and the laps separated while counting.
 - iii. If the count of raytec sponges or laps in a package is incorrect [i.e., if there are not 10 (or five) sponges in the package] then the entire package and its contents are isolated from the field and removed from the delivery room field or OR.
 - iv. Needles - Needles are counted and the tally is compared with the number listed on the package. The provider or scrub person verifies the number as each package is opened.
 - v. If the count of the needles in a package is incorrect, then the entire package and its contents are isolated from the field and removed from the delivery room.
 - vi. A plastic cup can be used but a needle counter / needle pad is preferred for sharps.
 - b. *Additions to the Baseline Count:*

- i. Countable items added to the delivery field during the case *must* be counted and added to the baseline count at the time they are added. Sponges are separated as in the Baseline Count.
 - ii. Intentionally placed sponges - The provider will communicate to RN when he or she places a sponge in the genital tract. The placed sponge(s) will be documented on the white board. The OB provider will also tell the RN and scrub when he or she removes the tucked sponge(s).
 - iii. Sponges placed in the vagina for packing to reduce post-partum hemorrhage will require a physician order specifying length of time left in the vagina and when it should be removed. The number of sponges left in the vagina will be documented by the provider and RN. (in Cerner under nurse Communication and Provider Delivery note Cerner band tamponade document with vaginal packing
 - c. *At completion of procedure:*
 - i. Persons involved in the delivery will not leave the labor and delivery unit until final counts of sponges, sharps, miscellaneous items, and instruments are accurate and complete. If the provider must leave for an emergency the count will be completed by two other members of the Labor and Delivery team who have been trained in the counting process.
 - ii. Sponges and miscellaneous items will be removed from the designated receptacle and counted.
 - iii. Each sharp placed into the needle counter/needle pad, will be counted.
- G. How to organize used countable items** (This will facilitate efficient counting for the final count.):
1. Used sponges will be placed in a designated area or container, separate from drainage bag hanging off under buttocks drape that which is used to collect and manage body fluids during Labor and Delivery, until they are removed for counting.
 2. Sharps will be placed in the plastic cup, counted and left on the needle driver or needle counter, located on the table, and counted after the repair of the perineum is complete.
 3. Sharps *must not* be discarded in the sharps container until the final count has been reconciled.
 4. Broken instruments/sharps *must* be accounted for and removed from field.
 - a. If a sharp or instrument is broken all parts of the item must be documented on the instrument list (that comes with each instrument tray) and removed from the field.
 - b. If a broken part cannot be accounted for, the procedure for incorrect parts should be followed.
 - c. Sequester of the broken equipment and any packaging should be done. The Primary RN should also notify Risk Management by phone to report the possible malfunction as well as complete an online incident Verge report with equipment detail by end of that shift.
 5. Counted items *must not* be removed from the Labor and Delivery area until all counts have been reconciled and communicated to team members.
 6. A counted item found outside the Labor and Delivery area *cannot* be used to correct the count, as it cannot be guaranteed that the item was used for the current procedure.
 7. After the final count has been performed and reconciled all non-sharp items (e.g., raytec sponges, laps, miscellaneous items) are placed in the container used to collect and manage body fluids during the delivery.
 8. Sharps and sponges will be immediately removed from delivery table after final count is complete and verified as correct.
 - a. The plastic cup, counted and disposed of in sharps container or needle counter box/needle pad will be securely closed and discarded in container away from delivery table.
 - b. Sponges will be placed in red trash bag.

9. After the final count has been reconciled and communicated to delivery team members, the counted items are removed from patient's room. Accounting for and disposing of all counted items at the end of procedure clean-up will help to avoid potential incorrect counts on subsequent procedures.
- H. **Certifying Counts:** After the baseline and final count is completed, the circulating nurse should certify the count by initialing the appropriate spaces in the electronic medical record.
- I. In the event that an incorrect count is identified the following reconciliation process steps will be performed if mother's condition permits:
 1. An incorrect count is communicated to ALL patient care team members
 2. A visual inspection of the Labor and Delivery suite is conducted including a visual inspection of the area surrounding the delivery field, the floor, linens and trash receptacles.
 3. The count is repeated and verified. A discrepancy must never be resolved by using the number listed on opened packages.
 4. The genital tract should be explored (vaginal sweep), with special attention paid to the location of where that particular item may be retained.
 5. If the item is located in this search, a complete recount *must* be conducted and the correct count documented and a vaginal exam does not reveal the missing sponge
 6. Post delivery imaging will be obtained if the count cannot be reconciled *and if the missing foreign object is radiopaque.** The on site or on call radiologist will review the image and provider is recommended to stay in the OB department until report is read by radiologist.
 - a. *An x-ray may be waived if the delivery provider considers the patient's condition to be too unstable to wait for an x-ray. This situation *must* be documented in the patient's MR and the event report.
 7. The film will be reviewed by the radiologist, before the patient leaves the delivery room. The delivery provider/ nursing staff will communicate the type and number of the missing foreign object(s) to the radiologist.
 8. If the count cannot be reconciled, all measures taken and the outcomes of those will be documented in the MR.
- J. Follow Banner Health's [Disclosure and Communication and Optimal Resolution \(CANDOR\) of Unanticipated Outcomes](#) and [Event Reporting](#) for all retained foreign objects.
- K. Follow Banner's [Chain of Command](#) policy for failure to follow policy.
- L. If the case is an urgent or emergent situation, a count before a procedure may not be possible. In such an instance, the omission and the rationale should be documented in the patient's MR and follow up should be as addressed below:
 1. In the event the patient presents and delivers precipitously and *no* countable items are opened, the Labor and Delivery Nurse will document "no countable items opened."
 2. In the event that time does not allow for the baseline count to be completed prior to vaginal delivery, a baseline count must be performed prior to placing countable items on the table.
 3. In the event that time does not allow for a baseline count such as a precipitous delivery or emergency to be completed prior to vaginal delivery *and prior to using countable items for the procedure*, and sponges and needles added to baseline instruments, are opened used and not counted a radiographic image should be obtained.
 4. If a final count *cannot* be completed due to the patient's condition and/or transfer to the OR for an additional procedure immediately after vaginal delivery, a radiographic image will be performed after procedure completion. Any countable items that accompany the patient to surgery must be documented in the patient's record and verbally communicated to the surgical team.

V. Procedural Documentation:

- A. Completion of count

VI. Additional Information:

- A. N/A

VII. References:

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The Joint Commission. (April 1, 2019). Unintentionally retained foreign objects: A descriptive study of 308 sentinel events and contributing factors. *Journal on Quality and Patient Safety*, (45) 4, pg 249-258. doi: 10.1016/j.jcjq.2018.09.001

VIII. Other Related Policies/Procedures:

- A. [Counts: Sponge, Sharp, and Instrument](#)
B. [Chain of Command](#)
C. [Disclosure and Communication and Optimal Resolution \(CANDOR\) of Unanticipated Outcomes](#)
D. [Event Reporting](#)

IX. Keywords and Keyword Phrases:

- A. Counts
B. Instruments
C. Perinatal
D. Sharps
E. Sponge
F. WIS

X. Appendices:

- A. N/A