

NURSES

USE PLASTIC HANGING SPONGE-HOLDERS FOR LAPS AND RAYTEX



This process involves the use of plastic hanging blue-backed sponge-holders which each contain 5 pouches. Each pouch has a thin center-divider which separates each pouch into 2 pockets. One sponge per pocket means that each holder can accommodate 10 sponges. We recommend that each holder always be set up to hold 10 sponges be they laparotomy pads or raytex and different types of sponges should not be mixed within one holder. The sponge holders are held on racks mounted to IV poles. A wall-mounted dry erase board to record operative information and the IN counts should be easily visible in each room. This process should be standardized for use throughout all operating rooms to provide consistency in all types of operative cases.

The **single most important element** in the use of the hanging sponge-holders is to make sure that “the final count” is taken when ALL the sponges that have been opened during the case (used and unused) have been placed in the holders. The surgeon and nurse can then visually verify that all sponges have been accounted for and none remain in the patient.

- 1 Use blue-backed sponge holders on all cases that use surgical sponges. Add laps and raytex in groups of 10. At the IN count “see, SEPARATE and say” individual sponges within each pack.
- 2 Hang the holders on the special racks attached to designated IV poles. Use a separate holder for each sponge type e.g. one for laps, one for raytex.
- 3 Used sponges coming from the operative field should be placed into a CLEAR plastic bag-lined receptacle (e.g. kick buckets or ring stands).
- 4 Take each used sponge from the receptacle. Make sure you have only one sponge. Open it up to its full length and then fold it up into an oval. Place one (1) sponge per pocket; two (2) sponges per pouch; ten (10) sponges per holder.
- 5 Put the first sponge in the LAST pocket in the bottom of the holder. Load the holder horizontally from the bottom row to the top row, filling first the bottom two pockets and continuing upwards. This process (going from the bottom to the top) will make visual determination of the filled holder easier to see from the OR table. Once a holder is full with 10 sponges, visual confirmation with the scrub person should occur before hanging the next empty holder.
- 6 Place the folded sponge inside the pocket with the blue tag or stripe visible but not dangling out. The blue stripe must be visible because this is what differentiates a sponge with a radiographic marker from a gauze dressing. Place another sponge in the other pocket in the other side of the pouch. Periodically throughout the case put the used sponges in the holder. Keep the kick buckets empty.
- 7 At the time of the final count, ALL sponges MUST be in the sponge holders and the final verification must be taken by two people viewing the sponge holders. There should be NO EMPTY POCKETS.
- 8 Keep a running total of the sponges added to the surgical field on the dry erase board using the same format that is used to count needles. The last number should always be the total number of sponges opened during the case.
- 9 At a permanent change of relief, the number of sponges in the holders should be physically reviewed using visual and audible communication between the circulating nurses changing positions before the relieved nurse departs the OR.
- 10 Sponge holders should remain hanging in their racks from the IV poles. At the completion of the case the holders can be disposed of in a red biohazard bag thus removing all the sponges from the case so there will be “nothing left behind” to confound the counts on a subsequent case.

10 LAPS / 10 RAYTEX / 10 POCKETS / 10 STEPS...



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