

	<i>initials or cross-outs.</i>																		
	(O) Sponge Management in the OR																		
12	1. Circulator loads bottom pocket first moves horizontally to top Yes/No																		
13	2. Blue markers face forward inside the pocket (not dangling out) Yes/No																		
14	3. Moves sponges out of kick bucket into holder, e.g. no sponges remain in kick buckets for > 5-10 mins Yes/No																		
15	(O) Watch circulator and scrub person for an “IN” count Do they “See, separate and say”? Yes/No																		
16	(O) Did the surgeon perform a wound exam? Yes/No																		
17	(O) Did the surgeon at the end of the case look at the holders or perform a “show me” step? Yes/No																		

18	Ask if you can’t observe actual practice:	
19	Show me please how you would record a sponge count for 40 laps or raytex. If wrong, show and tell the person what is the correct way.	
20	How would you put laps in the sponge holder? Please describe.	
21	What would you do if the rack was full of holders filled of sponges and couldn’t accommodate another holder? <i>Move the pole and rack with all the sponges hanging to a corner of the room and get another pole and rack and holders and keep going. If there was no other pole and rack set available then place the full holders in a clear plastic bag so the sponges can be seen during the final count and “show me” steps.</i>	
22	Tell me what you do when new sponges are added to the field. <i>2 person count. Look at the sponges, separate each one, call out the count, circulator writes the count on the dry erase board</i>	

23	<p>Get an unopened pack of laps or raytex and ask: How many sponges are in this pack? (black box question) <i>If the person answers with a number 5 or 10 this is an incorrect answer. The correct answer is “I don’t know, I have to count them to find out”</i></p>	
24	<p>Have you ever had a “bad” pack (wrong# of sponges in a package)?</p> <ul style="list-style-type: none"> • What kind of sponges? • What did you do? • What would you do if this happened to you? <p><i>If the person says “throw it in the garbage” this is an incorrect answer. The sponges should be removed from the OR so they won’t confound the accounting of the sponges actually used for the case. They should also report the bad pack and tell the nurse manager who should notify purchasing.</i></p>	<hr/> <hr/> <hr/>
25	<p>What is meant by the “IN” count(s)? <i>Initial count of sponges in the custom packs. Count of sponges which are added “in” to the field during the case</i></p>	
26	<p>Why do we do an IN count? <i>To identify manufacturing or packaging error, to establish a baseline, to know how many sponges are being used in the case</i></p>	
27	<p>What is the “Closing” count? <i>Count performed just before closure of the wound begins. Also referred to as the second count, but closing count is the preferred terminology</i></p>	
28	<p>What is supposed to happen at the “Closing” count? <i>Everyone takes a pause for the gauze Surgeon performs a methodical wound exam to get the sponges out so the circulator and scrub person can do a two person count of the sponges on the field, back table and in the holders. Goal is to minimize places where there are sponges. Scrub person should pass off sponges that are unlikely to need to be used All sponges should be out of kick buckets</i></p>	
29	<p>What is the “Final” count? <i>When the skin of the wound is closed, a dressing is applied and all used and unused sponges are in the sponge holders the nurse shows the surgeon that all sponges have been accounted for.</i></p>	

30	<p>What are the two possibilities for the FINAL count? <i>Correct and Incorrect</i></p>	
31	<p>What is an incorrect FINAL count? <i>When the number of sponges in the holders does not match the number on the dry erase board. There is an empty pocket(s).</i></p> <ul style="list-style-type: none"> • <i>What actions should be performed for an incorrect final count?</i> <p><i>Surgeon should be notified</i> <i>Search room and area, people, items brought in or taken out of room</i> <i>Call for X-rays</i> <i>Patient (if stable) can't leave room until sponge found</i> <i>Notify nurse manager, report filed, disclosure to patient if sponge not found,</i></p>	
32	<p>What do you tell radiology when ordering an X-ray from the OR?</p> <ol style="list-style-type: none"> <i>1. type of sponge that is missing</i> <i>2. give phone number for direct call back of results to OR</i> <i>3. bring two plates so can get 2 views (AP and oblique) if sponge not seen on first view</i> <i>4. tech needs to get an image that covers entire surgical field</i> 	
33	<p>In Sponge ACCOUNTing what is a correct FINAL count? <i>When the number of sponges in the holders agrees with the number on the dry erase board. A team verification of the holders has taken place "show me" step. By saying that count is correct you are saying that there were no empty pockets and all sponges were accounted for.</i></p>	
34	<p>Why do you need to have all of the sponges in the holder? <i>If all the sponges are in the holder then there can't be any in the patient. Also all the sponges can be disposed of at one time in a biohazard bag and won't be available to confound a count in a subsequent case</i></p>	
35	<p>What is a miscount? <i>A mistake during an interim count or when there are too many sponges or a sponge is missing during an interim count</i></p> <ul style="list-style-type: none"> • <i>How is a miscount different from an incorrect count?</i> <p><i>A miscount is a type of incorrect count but a miscount is rectified. A miscount implies a mistake that is fixed. Either a recount is performed and corrected or an xray is taken or search performed and the missing</i></p>	

	<i>sponge(s) is found. An incorrect count is only used for the final count.</i>	
36	<p>Why is standard terminology important?</p> <ul style="list-style-type: none"> E.g. what is a retained sponge, what is a correct count, what is the closing count, when is the wound considered closed. <p><i>Communication is one of the key elements of success. We all have to speak the same language and know what we are talking about.</i></p>	
37	Do the obstetricians perform a wound exam before asking for closing suture?	
38	Do the obstetricians ask to see the holders or do you show them the holders at the end of the case? If the surgeon doesn't do this, who does do it?	
39	<p>All employees are trained and have documentation on file?</p> <p>Review minimum of 10 files, look at what competency assessment was performed for each individual employee rather than group training (e.g. quiz results, proof of skills assessment, - loading holders, dry erase board marking)</p>	
40	<p>How are new employees trained?</p> <p>Documentation of some program, plan, organized training for travelers, registry, temporary employees (surgeons, nurses, scrub techs)</p>	
41	<p>Is there vaginal packing in the vaginal delivery packs? Yes/No</p> <p>The answer should be no. <i>Vaginal packing is considered a dressing and is not to be included as part of the vaginal delivery pack.</i></p>	
42	<p>Does the vaginal packing that is available in L&D have a radiopaque marker? Yes/No</p> <p>The answer should be yes.</p>	
43	What type of sponge is used for vaginal deliveries?	
44.	<p>When are sponges added to the vaginal delivery table?</p> <p>1. <i>Sponges should be separate from the vaginal delivery pack and not placed on the delivery table until the physician/CNM is present in the room. As soon as the sponges are opened and two people count them (see, separate, and say) the count should be documented on the dry-erase board.</i></p>	

	<p>2. <i>An alternative is that the sponges are added to the delivery table and counted by two people at the time that the delivery table is set up. If the sponges are placed on the delivery table at the time of set up this should occur in the delivery room and the number of sponges should be documented on the dry-erase board. The delivery table is then not moved from the delivery room</i></p>	
<p>45.</p>	<p>Where does the physician/CNM place used sponges?</p> <ul style="list-style-type: none"> • on the delivery table • container on the delivery table • kick bucket 	



SPONGE ACCOUNTING



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