

# NURSES

## USE HANGING BLUE-BACKED PLASTIC SPONGE-HOLDERS FOR LAPS AND RAYTEX



This process involves the use of hanging blue-backed plastic sponge-holders that each contain 5 rows of 2 pockets = 10 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. The sponge holders are held on racks mounted to IV poles. The racks have a basket in which to store a box of holders. 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 multiplies 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 row; 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 sponge. Place another sponge in the other pocket. Periodically throughout the case put the used sponges in the holder. Keep the kick buckets empty.
- 7 At the final count ALL sponges (used and unused) MUST be in the sponge-holders. The final count is a thing. It is the holders full of sponges. The final count can only be correct or incorrect. No EMPTY POCKETS = a correct final count. Then a "show US" step is performed and two people view the holders to make sure there are no empty pockets. This is a team based effort.
- 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 throughout the case, even if there are multiple parts to the procedure. DO NOT take the holders down. 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...**

**Sponge ACCOUNTING System**



**NoThing Left Behind®**

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