

Subject: Prevention Of Unintended Retained Foreign Objects During Vaginal Delivery (URFO)

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REPLACES:

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Purpose: This guideline provides specific guidance for the standards and practice of preventing unintentionally retained foreign objects during vaginal deliveries. This guideline applies to all medical personnel providing care on the Mother Baby Unit (MBU).

1. REFERENCES:

- 1.1. Lippincott, Williams, & Wilkins (2012). Preventing retained sponges. Retrieved March 20, 2013, from <http://procedures.lww.com/lmp/view.do?pId=951582&s=p&fromSearch=true&searchQuery2=retained+sponges>.
- 1.2. Institute for Clinical Systems Improvement. *Health Care Protocol: Prevention of Unintentionally Retained Foreign Objects During Vaginal Deliveries*. First Edition Sep 2007 and Second Edition 2008. <http://www.icsi.org>.

2. General:

- 2.1. Unintended Retained Foreign Objects (URFO) were the most frequently reviewed category per the Joint Commission’s Sentinel Event Report. In 2010, 133 events were reported.
- 2.2. Consequences of URFO include litigation, need for surgery, bowel resection, infection, pain, and potential long-term problems.
- 2.3. Sponges, sharps and small items when referenced include, but are not limited to, the following: laparotomy sponges (radio-opaque tailed sponges), hypodermic needles, suture needles, scalpel blades, fetal scalp electrodes and other items which pose a potential for retention.

3. Responsibilities:

- 3.1. Labor and Delivery Nurse or Competencied Certified Nurse Assistant (CNA):
 - 3.1.1. The labor and delivery nurse or competencied CNA will prepare the vaginal delivery table using only twenty (20) radio-opaque sponges, laid out side by side for easy visibility and counting. Discard any materials (packing, sponges, gauze with tail, etc...) that do not contain the radio-opaque indicators (RF Detect or Radiograph). Discard the entire package if any sponge is missing the radio-opaque indicator and/or if the labeling on the package does not match the number of items in the package.

3.1.2. On the count worksheet write the time, date, and the legible signature of the person responsible for creating the delivery table. Ensure count worksheet accompanies table and is secured to the drape.

3.2. Delivery room nurse:

3.2.1. Perform count upon “Opening for Delivery”. Count all instruments and countable objects added to the table during the delivery. Use the count worksheet to document the in-process counts. The delivery room nurse or other qualified member of the Labor and Delivery (L&D) team will document in a progress note titled “added during delivery” any additional sharps, sutures, and/or sponges added to the delivery field during and after delivery.

3.2.2. Perform the final count with another member of the delivery room team. This is preferably performed by the delivery provider except in the case of that provider being called away from the delivery. In this event, confirm and inform the provider of the final count status. The delivering nurse will document in the patient’s delivery band the final status of the sponge and sharps counts.

3.3. Delivering Provider:

3.3.1. Ensure the baseline count has been completed prior to delivery.

3.3.2. Ensure that the L&D nurse or other qualified members add sponges and/or sharps to the count record as they are added to the delivery table.

3.3.3. If a sponge is temporarily placed inside the vagina, alert the delivery room staff with a “call out”, so they can provide a reminder for removal when the delivery is complete.

3.3.3.1. Alert the team to any countable items intentionally left inside the patient (i.e. vaginal packing to control bleeding). Insertion as well as removal of the item must also be documented in the delivery summary.

3.3.4. Avoid placing sponges under the buttocks drape.

3.3.5. Alert the team to any countable items taken or transferred off the field with the infant.

3.3.6. Confirm the final count with the delivery room nurse or other qualified staff member, and document in the delivery summary in Cerner the final status of the sponge count to include the name of the staff member performing the count.

3.3.6.1. If a post-delivery sponge count is not reconciled with the inventory count, a vaginal sweep will be performed and documented. If the count cannot be

reconciled, a pelvic radiograph and/or RF Technology Wand sweep will be ordered. Results will be documented in the patients' record.

4. Procedure:

4.1. L&D staff will comply with the Algorithm (Attachment1), "Unintended Retained Foreign Objects during Vaginal Delivery", for scenario 1 and 2.

4.2. New L&D staff will receive training for URFO during their orientation process. Monitoring and reporting the effectiveness of this process is critical, therefore L&D staff shall monitor for trends.

4.3. All sponges will be disposed of in the kick bucket or sponge bags, if available, to keep accurate track of used laps/sponges.

4.4. Vaginal Delivery Table Set up/Inventory:

4.4.1. The inventory count completed when the vaginal delivery table is set-up is the only count that is completed by one person (i.e. RN or competencied Certified Nursing Assistant (CNA) without a second person).

4.4.2. Open the instrument pack.

4.4.3. Compare the instrument count in the pack to the number of instruments on the count sheet from CSS.

4.4.3.1. If there is a discrepancy, document on the count sheet the correction(s) and place initials next to the correction.

4.4.4. Place the date, time, and legible signature of the person creating the delivery table on the count worksheet upon completion of set-up. Ensure the count worksheet is secured to the drape.

4.5 Opening the Table for Delivery

4.5.1. Count 'opening table for delivery' set-up with two (2) people, one of whom is a RN.

4.5.2. Use the instrument count worksheet to verify the count against the inventory count.

4.5.3. Set the count sheet aside to use at the end of the delivery.

4.5.4. Count all instruments and countable objects added to the table during the delivery. Use the instrument count worksheet and vaginal delivery worksheet to document the in-process counts.

4.6. Table Tear-Down After Delivery

4.6.1. Count all instruments and countable objects on the table with two (2) people, one of whom is a RN. It is preferable that the table tear-down (final count) be with the delivery provider except when that provider is called away from delivery.

4.6.2. Use the instrument and vaginal delivery count worksheets to verify the final count is the same as the inventory/add-on count.

4.6.3. If used, the provider will close the red sharps box once the count is verified.

5. Special Considerations:

5.1. *Precipitous Deliveries*- In the event of a precipitous delivery, it is unlikely that anything will be placed in the vagina prior to delivery. The baseline/opening count will be done immediately after delivery of the baby as outlined in 4.3. Vaginal Delivery Table Set-up/Inventory. If there is any question regarding the final count, the provider of care will perform a vaginal sweep, and obtain an x-ray and/or RF Technology wand sweep for URFO. Documentation in the medical record will occur.

5.2. *Additional counts*- At any time a member of the team may request an extra count. The delivering provider will determine whether the patient's status and/or situation warrants/allows the extra count.

5.3. *Patient transfer to OR/ICU/or other facility*- If the patient is moved from L&D to another unit within the facility, a final count of the vaginal delivery equipment will be performed prior to transport, if the patient's status permits. If a final count is not completed due to patient's condition, this will be relayed to the accepting staff during handoff communication and documented in the record. An x-ray and/or RF Technology wand sweep for potential URFO will be obtained once the patient's status permits. The results will be documented in patient's record.

5.4. *Provider called away from delivery*- If the delivering provider is urgently called away from the delivery, the final count will be completed by two other qualified members of the L&D team.

5.5. *Incorrect counts*- When the final count is incorrect, the counting process will be repeated with special attention paid to performing a vaginal and/or rectal exam, opening of saturated sponges, inspection of the under-buttocks drape, inspection of the floor and surrounding area. If the repeat count is still incorrect, a pelvic radiograph and/or RF Technology wand sweep must be obtained for a potential URFO. The delivering provider along with the radiology team may determine whether a portable x-ray is adequate. If the count still cannot be reconciled, this must be documented in the patient's record, a patient safety event report must be completed, and the patient safety representative must be informed.

5.6. *BAKRI Balloon Placement Necessary* – When placing a BAKRI, if packing is utilized, it must be secured externally via suture to the external component of the BAKRI device so that both are pulled out when the BAKRI is pulled.

5.6.1. If more than one roll of packing is utilized, the packing must be tied (knotted) together.

5.6.2. Nursing documentation must occur in I-View under OB lines and devices which includes:

5.6.2.1. Type of drain placed and location (ie. BAKRI and Uterine)

5.6.2.2. Name of provider placing BAKRI

5.6.2.3. Number of Kerlix or sponges used for packing

5.6.2.4. All Kerlix Connected (yes/no)

5.6.2.5. Amount of saline placed inside within the BAKRI balloon

5.6.2.6. Was packing connected if multiples used (yes/no).

5.6.2.7. Documentation in EHR to reflect if packing was sutured to external component of BAKRI device

5.6.2.8. Name of provider removing BAKRI

5.6.2.9. Number of kerlix/sponges removed.

5.6.3. Provider documentation must include in a provider note that BAKRI device was placed, if packing was utilized with BAKRI, the number of packing components placed (if multiples of kerlix or sponges, documentation that components were connected), and removal of packing with number of packing components removed. On discharge, if no mention of packing removed, patient will require a vaginal exam to confirm no packing remains.

6. Attachments:

6.1. Attachment 1: Algorithm for Preventing Unintended Retained Foreign Objects During a Vaginal Delivery.

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