

Sponge ACCOUNTing System Guidelines for Intra-operative Radiographs

On occasion, an incorrect count is obtained and under these circumstances or when indicated by OR policy an intra-operative radiograph is required.

A written request for a “STAT image for foreign body detection” will be generated by the circulating nurse in a specific operating room under the name of the attending surgeon listed in the operation record as being responsible for the conduct of the operation.

The request will specify:

1. The name of the attending surgeon,
2. The kind or type of foreign body being looked for. Sponge, needle, name of instrument, other item. If a sponge is the missing item specify the type e.g. lap pad, raytex, towel
3. The OR room number and the telephone number for that room
4. The name of the circulating nurse or designated person in room to receive call back information
5. The nurse will note on the written request the time the request was submitted
6. Upon receiving the request a radiology technologist will take a radiograph of the appropriate site as requested by OR personnel. This should be accomplished expeditiously, but the elapsed time should never exceed twenty minutes. The technologist will note time request received and time radiograph taken on the request slip. Nurse will initial (in agreement) time of request.

The technologist taking the radiograph will call ahead to alert the radiologist on duty that a wet read to r/o foreign body is

needed from a specific OR. The technologist will notify the radiologist by phone when imaging has been completed, and note the time the radiologist was notified that the study is available for viewing. The technologist should remain on the phone with the radiologist in case additional views are required.

The technologist will return to the OR to take a hard-copy film to the OR if requested by the peri-operative care personnel in the OR or if requested to take additional views

The radiologist on duty will review the film or the digital images of the radiographs and will call the specified OR with the results of their examination or with a request for additional views to be obtained. This should be accomplished expeditiously. The elapsed time should never be greater than twenty minutes. In the event that the radiologist on duty should require additional assistance or consultation to establish a diagnosis, the OR should be notified that such a secondary review is underway.

The person who answers the phone in the operating room and receives the results must be a member of the operating team – nurse, surgeon or anesthesiologist. The results must have “read back” confirmation and the findings documented in the operative record.

The radiologist will dictate the report following verbal transmission of the findings. The name and identifying number of the individual to whom the information was provided must be on the report or if “read back” was provided, indicate as such. The radiologist will note the time the information was transmitted.

Performance audits can be conducted to determine if timeliness guidelines have been met.

See included imaging .pdf files