




The Johns Hopkins Hospital
Unintentional Retained Foreign Object
(URFO) Procedure Checklist

Patient Sticker:

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Directions: All team members should participate in completing the following checklist whenever there is a count discrepancy (i.e. when the number of counted items counted at the Final/Skin Count does not match the number counted at the Control/Initial Count, either greater than or less than) or when a portion of a device breaks off into the patient and requires retrieval. The circulating RN should announce the initiation of the checklist. (See page two for specific definitions and policy statements).

Reminder: URFO occurs upon skin closure, even if the patient is still in the operating room and under anesthesia

✓	Steps
	1. Notify <u>entire</u> surgical team of count discrepancy or broken instrument/device.  Do not close skin.
	2. Message acknowledged by surgical team; perform visual and/or manual inspection of wound.
	3. Call charge nurse.
	4. Verbally report findings of inspection.
	5. Call for STAT X-ray if item not found upon wound inspection.
	6. Initiate a re-count. Cancel x-ray if item is found.
	7. Search room for the missing item.
	8. Provide critical information to radiology tech.
	9. Provide sample of missing item to RT.
	10. Acquire radiologist's contact information.
	11. Once radiologist clears x-ray of foreign bodies, surgical team proceeds with complete closure of skin. Surgeon shall conduct a debriefing with O.R. team if leaving the O.R. prior to closure or resolution of the count discrepancy.
	12. Notify the Nurse Manager or Nurse Manager on-call for any deviation from practice standards **
	13. Follow procedure for items being removed at a later time. (See description)
	14. The Circulating RN will enter a HERO report for any unresolved count.

Circulator Name: _____

Charge Nurse: _____

Date: _____

Notes:



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Steps	Description
1	<ul style="list-style-type: none"> <input type="checkbox"/> Surgical team includes, but not limited to surgeons, fellows, residents, nursing staff, anesthesia staff, perfusionist, PA, etc.) <input type="checkbox"/> URFO occurs upon skin closure, even if the patient is still in the operating room and under anesthesia <input type="checkbox"/> A count discrepancy occurs when the number of counted items counted at the Final/Skin Count does not match the number counted at the Control/Initial Count, i.e. either greater than or less than, and/or instrument or device breakage where the entire device cannot be accounted for. <input type="checkbox"/> Anesthesia maintained. Do not extubate patient until the item is found or until a URFO is ruled out.
2	Blank
3	<input type="checkbox"/> Call Charge Nurse to assist with, or identify resources, to facilitate recount and support the process to rule out a retained foreign object.
4	<input type="checkbox"/> Call for STAT foreign body x-rays if the item is not found after wound inspection. Two x-ray views should be obtained whenever feasible (e.g., AP & lateral, AP & oblique).
5	<input type="checkbox"/> Surgeon inspects the wound for the missing item and reports findings. (Note: If retrieval of a broken device piece is required, x-rays should be obtained at the time of discovery whenever possible, to avoid delays at the end of the case). ****
6	Blank
7	<input type="checkbox"/> O.R. team will search the room starting with the drapes and moving outward from the patient, if the item is not found following recount.
8	<input type="checkbox"/> RN will provide the name and phone number of the surgical attending, and the name of the procedure, to the Radiology Technologist (RT) for entry into to the x-ray order(s), to facilitate communication of results from the radiology attending to the surgical attending.
9	<ul style="list-style-type: none"> <input type="checkbox"/> RN provides a sample of the missing object to the RT for a control image. <input type="checkbox"/> For device breakage, include image of remaining portion and save the device for evaluation per policy. *** Do not give defective devices to manufacturer reps in the O.R.
10	<input type="checkbox"/> RN requests the phone number and name of the radiologist (if known), performing the x-ray read from the RT for inclusion on the white board in case of delays or a change in patient status.
11	<p>If the surgeon leaves the OR, attending surgeon shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review available x-rays. . <input type="checkbox"/> Be immediately available to return to the O.R. if needed. <input type="checkbox"/> Instruct the surgical team to: <ul style="list-style-type: none"> o Avoid final closure of a cavity, when applicable (chest, fascia, uterus, dura). o <u>Instruct the surgical team not to complete skin closure.</u> <input type="checkbox"/> Discuss communication of the x-ray results: <ul style="list-style-type: none"> o If negative, surgical attending calls O.R. and authorizes final closure. o If positive, surgeon calls O.R. and implements plan for removal. <p>Establish parameters for when the surgical attending should be notified if a change in the plan is needed. (e.g., unanticipated patient instability)</p>
12	Blank
13	<p>If the item will be removed at a later time:</p> <ol style="list-style-type: none"> 1. The surgical team will communicate the URFO type and location to the receiving post-op unit in report, including whether it is MRI compatible and any plan for removal. 2. The surgeon will notify the patient or when applicable, their legally authorized healthcare decision maker, of the URFO and plan for future removal if indicated. This disclosure will be documented in the operative note or progress note.
14	Blank

References:

- *The Joint Commission URFO definition-“Unintended retention of a foreign object in a patient after an invasive procedure, including surgery.”
- **See Interdisciplinary Clinical Practice Manual PAT 058 Chain of Command Policy on The Johns Hopkins HPO (Hopkins Policy Online) weblink.
- ***See ICPM PAS015 Patient Care Equipment and Devices Management and Reporting Policy.
- **** See ICPM PAT096 Sharp, Sponge, Instrument and Miscellaneous Items Count Procedures and Policy.