

Title: <i>Surgical Counts</i>			
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			Distribution: Radiology Pages 1 of 3 Written 08/07/16 Reviewed 12/13/22 Revised 12/12/22 Issued 01/03/23 Discontinued:

PURPOSE: To establish a policy and procedure for the performance and interpretation of intraoperative radiographs obtained to assess for the presence of retained foreign bodies/incorrect item counts.

SCOPE: This policy applies to all of UAB Medicine Clinical Facilities as defined by the UAB Hospital Medical Staff Bylaws.

POLICY STATEMENT: Radiographic exams performed intraoperatively to determine if there are any retained foreign bodies prior to closure of the surgical incision must be interpreted expeditiously.

ASSOCIATED INFORMATION:

A. **Definitions:**

1. Positive Control: A radiograph of the item(s) at question.

POLICY:

- A. Intraoperative radiographs for the above indication shall be performed and interpreted within 30 minutes of the request.
- B. Technologist are to acquire mandatory views of each operative area of the body prior to the completion of the procedure. The only situation in which these would not be obtained is if the patient is hemodynamically unstable and needs to emergently go to the ICU.
 1. Abdomen: AP (needs to cover the whole abdomen and may require two images)
 2. Chest: AP
 3. MSK Pelvis: AP
 4. Extremity: AP and Lateral
 5. Any spine surgery/radiograph: AP and Lateral
 6. Any neck surgery/soft tissue neck radiograph: AP and Lateral
- C. The surgeons are not allowed to refuse these views unless the patient is hemodynamically unstable requiring immediate transfer to the ICU.
- D. When the missing item is known with reasonable certainty and the positive control is readily available, the technologists are to acquire an image of the positive control, positioning the object in the center of the FOV.
 1. Technologists are to ensure the FOV is clear of any material not pertaining to the object(s) at question.
 - a. If there are multiple objects, technologists are to appropriately position the objects so that none are overlapping.
 2. Technologists are to label this image as a "Positive Control" and place it under the same accession.
 3. If the item is unknown or unavailable, there will be no opening of additional trays or sterile supplies to obtain a positive control

- D. Technologists should engender every attempt to obtain such Positive Control, however in times when the missing item(s) is unknown; the technologist will proceed accordingly in obtaining the image and notifying the radiologist of such.

NOTIFICATION:

- A. Between 7:30 am- 5:00 pm Monday- Friday (except holidays), the technologist who performs the exam in the OR shall call the reading room delineated to the body part being imaged and speak to an attending, fellow, resident radiologist or diagnostic imaging specialist who will ensure that the study is interpreted immediately.

Abdomen Radiographs: 4-1575	Page: ABD UH CT1 Attending
Chest Radiographs: 4-1480	Page: Chest UH AM/PM Attending
Extremity, Spine, Skull Radiographs: 930-8947 or 801-8931	Page: MSK HL AM/PM Attending

- B. Only one radiologist shall be notified for a given OR case. If there is no response at the above number, the technologist shall refer to the online radiology clinical schedule to identify the attending radiologist assigned to UH CT.
- C. That radiologist shall be notified by pager with the message "OR STAT" followed by the technologist's name and callback number. No protected health information (patient name, MRN, or other) shall be included in the message.
- D. The call should not be made until the radiograph has been taken and the exam has been completed in Cerner.
- E. If there is more than one radiograph, the person taking the call must be so informed.
- F. Between 5:00 pm and 7:30 am daily and between 7:30 am and 5:00 pm on weekends and holidays, the technologist who performed the radiograph shall page the first call radiology resident with the message "OR STAT" followed by the technologist's name and callback number. No protected health information (patient name, MRN, or other) shall be included in the message.
1. If there is no response within two minutes, the technologist shall page the second call radiology resident.
 2. If there is still no response, the technologist shall page the AM or PM general checkout radiologist (weekends and holiday mornings and afternoons, respectively), the evening attending radiologist (5:00 pm until 11:00 pm daily), or the overnight attending radiologist (11:00 pm until 7:30 am daily).
- G. The technologist shall provide the following information verbally:
1. Patient's full name
 2. Patient's MRN
 3. Accession number of the exam
 4. Brief description of items in question
 5. Name and call back number of the person in the OR to be verbally notified with the results
- H. The radiologist who is tasked with interpretation shall immediately review the image(s) in PACS, contact the person identified by the technologist at the indicated number, and provide a verbal report.
1. A report shall also be dictated in PowerScribe, indicating what was seen and documenting the verbal communication in 4.5 above.
 2. Residents will be permitted to provide preliminary interpretations, with the understanding that they shall always consult an attending radiologist prior to providing a preliminary verbal report.

...REFERENCES:

CMS:		TJCH	
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Cross-References (CR):			

5. ATTACHMENTS: None

INTERDISCIPLINARY COLLABORATION

<i>None</i>	
Physician / Medical Committees	Endorsement Date
<i>None</i>	
Committee(s)/Council(s)	Endorsement Date
<i>None</i>	
Hospital Department(s)	Endorsement Date

Tracking Record

Supersedes:	Surgical Counts 08/08/16, 10/14/16, 1/24/20
File Name:	Surgical Counts R# 48r3
REVISIONS: Consistent with Joint Commission Standards, this standard is to be reviewed at least every 3 years as practice change	