

## Memorandum

TO: All Labor and Birth staff and Providers

From: Doreen Picagli, RNC, PSM

Date: March 23, 2005

RE: Standard Operating Procedure for "time out" in Labor and Birth

### TIME OUTS

#### **OR "Time Out"**

It is a JCAHO requirement that a "time out" be documented prior to incision in any surgical case or procedure. In order to accomplish this on L & B, we have instituted the following policy.

In non-emergent cases, the patient is made aware of the Time Out protocol and that its rationale is our concern for her safety. RN will explain "time out" prior to going to OR so that patient expects the "time out"

The circulating nurse will call "Time Out" immediately after the sterile drape is placed and the surgeon verifies that the spinal is working. She then asks the surgeon what procedure we are about to perform, and that he/she name the patient. The nurse inquires of the patient what surgical procedure she has consented to, and then checks the patient's ID band and OR consent. She will document the time out on the hospital form.

#### **Time Out after Vaginal Delivery (effective April 4, 2005)**

We will also be starting a vaginal delivery time out. At the end of each vaginal delivery, the nurse will ask the provider "Did you place anything in the vagina?" If the answer is "yes", the nurse will ask if it has been removed. If it is not certain that a sponge or other object has been removed, there are two options for the RN/Provider: a vaginal/rectal exam to ensure that there are no retained foreign bodies, or a full sponge count.

The green sheet will have a stamped section for documentation of the "time out" after vaginal delivery. The nurse will document that this procedure was completed, with her name and the name of the provider. This policy will be in effect as of April 4, 2005.