"Sharing Lessons Learned"

Retained Foreign Object

A Sentinel Event was reported regarding an unintended retained foreign object, "Guidewire", which was left inside the patient after a Femoral Central Venous Catheter was inserted in the ICU. The presence of the guidewire did not cause harm.

Situation/Background:

A 75-year-old female patient presented to the Department of Emergency Medicine (DEM) on 14 July 2021, as a case of COVID-19 Pneumonia and was admitted to the ICU. On 24 July 2021, a Femoral Central Venous Catheter was inserted by a Resident and supervised by a Senior Resident. During the insertion, the Residents did not recognize that the guidewire was broken and left inside.

Several Radiology exams were done over 11 months with the presence of the retained guidewire in the images. On 15 August 2021, it was identified and documented in the Radiology Report, without communication. On 31 December 2021, it was wrongly identified and documented as a "Venous Catheter", without communication. On 2 June 2022, it was correctly identified, documented and communicated to the patient then referred to the DEM.



Assessment:

A Root Cause Analysis was done; multiple factors contributed to the event:

- △ Failure to comply with the Resident's privileges to "Assist only" in insertion and monitoring lines and catheters.
- △ Failure to recognize the unintendedly retained foreign object "Guidewire" in the Radiological Imaging.

Recommendations:

- Δ Adhere to (*Processing Applications and Requirements for Medical Staff Credentialing, Clinical Privileging and Re-Privileging CIPP-8141*)
 Initial Privileging: "Assist Only" The Physician shall only perform the procedure and/or practice under direct supervision.
- Δ Provide training by quantifying the number of Central Line insertions.
- △ Create a comprehensive checklist to emphasize the observation of the guidewire, including length and patency.
- Δ Provide training to Radiology Physicians to identify/include all findings in the Radiology Reports.
- Δ Re-inforce the importance of reviewing the Radiological reports by the ordering Physician.

