

OPERATING ROOM

SPONGE, SHARP, AND INSTRUMENT COUNTS

I. Purpose: *To provide guidelines to perioperative staff in performing sponge, sharp and instrument counts. Counts are performed to account for all items and to lessen the potential for injury to the patient as a result of a retained foreign body.*

II. Scope: *All Operating Room Staff.*

III. Procedure:

A. Items to be counted include the following:

- Instruments for procedures that enter a body cavity through an open approach and/or Laparoscopic approach.
- Suture needles
- Scalpel blades
- Laparotomy sponges
- Raytex
- Rondex
- Kittners
- Tonsil sponges
- Cottonoids (Neurosurgery patties)
- Vessel loops
- Soft grips
- Instrument boots
- Penrose drains and umbilical tapes used for retraction
- Suture reels
- Bovie tips
- Hypodermic needles
- Ligaclip cartridges
- Cotton balls and temporary Gelfilm pieces in ENT
- Plastic suction tips
- ALL ITEMS PLACED within a body orifice to facilitate the surgical procedure

B. Initial counts will be done on all cases. Subsequent counts may be omitted in small superficial surgeries where there is no possibility of leaving a foreign body in a patient. "Small superficial" is defined as less than 1 inch long and/or less than ½ inch deep. Count requirements for specific services are as follows:

- General Surgery – As stated above
- Gynecology – As stated above.
- Orthopedics – Initial sponge/needle/sharps count on all cases. Instrument count only if peritoneum to be opened
- Otolaryngology – Sponge/needle/sharps counts only.
- Ophthalmology – Sponge/needle/sharps counts only.
- Neurosurgery – Sponge/needle/sharps counts only.
- Plastic Surgery – As stated above
- Urology – As stated above

C. All sponges used in a surgical procedure will be x-ray detectable and compatible with those currently manufactured for sponge detection technology with one exception: Adrenalin-soaked cotton balls for ear surgery.

D. Extreme patient emergencies which necessitate omission of initial counts will be documented on the operative record and a count taken as soon as possible. Closing counts, use of sponge detection technology and end-of-surgery x-rays will be taken in such cases.

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E. When the surgeon plans to leave sponges in the surgical wound for packing to aid in hemostasis, the circulating nurse will record the number of sponges placed in the cavity on the patient record and on arm bracelet along with the surgical date when packing left in patient. The number of packed sponges will be accounted for upon return to the operating room and documented on the medical record. The arm bracelet will be removed when all sponges have been accounted for or updated with the new number of sponges left in the patient. This information will be noted on the OR scheduling board indicating Patient MR #, date, time and number of sponges left in the patient.

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F. The responsibilities of the Circulating Nurse in regard to counts are:

- Incorporate sponge detection technology with surgical wand into plan of care for:

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- 1) All procedures entering the abdominal, thoracic or retroperitoneal cavities to include laparoscopic and hand assisted laparoscopic approach.
- 2) All spinal and cranial procedures.
- 3) All vaginal approach procedures.
- 4) Additional procedures at the discretion of the surgeon or member of the surgical team.

- Communicate need to surgeon and scrub person for use of sponge detection technology before start of skin closure.
- Maintain an orderly Operating Room to facilitate locating items dropped off the field.
- Group all discarded sponges, Raytex in groups of 10 and Laparotomy sponges in groups of 5, for viewing by the Scrub Nurse/Technician during the counting.
- Keep an accurate count tally on the Count Board throughout the case.
- Report the correct or unresolved count to the surgeon and record such information on the Operative Record.
- Document the results of the counts on the Operative Record.

G. The responsibilities of the Scrub Nurse/Technician in counts are:

- Maintain the sterile field in an orderly manner to facilitate counts. This includes keeping needles and sharps in the sharps container.
- Account for all items brought to the field from the back table and retrieve those items when the surgeon is finished with them.
- Communicate need to surgeon and circulating nurse for use of sponge detection technology before the start of skin closure.
- Report to the Circulating Nurse any items left in the patient for a time, such as laparotomy sponges. Report when those items are removed. This information will be written on the Count Tally Board.

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- Scrub in time sufficient to perform all counts according to policy. Ideally counts are done early to assure full attention of the Circulator to the procedure and to avoid delays once the patient is in the room.

H. The procedure for the initial count is as follows:

1. Items are counted audibly and viewed concurrently as they are counted by the OR technician and Circulating Nurse. Counts should be performed by the personnel assigned to the procedure.
2. The paper tape is removed from the packet of sponges by the scrub person before counting. Each sponge is picked up separately, counted aloud, and placed in a pile on the mayo stand or back table.
3. Rondex, kittners, neurosurgical patties, and like items are counted while still attached to their holder.
4. Suture needles will be counted according to the number marked on the package and the count will be verified when the package is opened.
5. Immediately after each item is counted, the Circulating Nurse will record the quantities on the Count Tally Board.
6. Any package containing an incorrect number of items will be removed from the room immediately in its entirety.

I. Additional items opened during the course of the case will be added to the tally by the Circulating Nurse.

J. Linen, garbage, and instruments will not be removed from the room during the course of a surgery.

K. In large cavities such as abdomen or chest, laparotomy pads will be used and raytex will be avoided.

L. If a permanent relief team enters to finish the case, a count will be done with the relief team present. This count will be noted on the Operating Room Record.

M. Closing counts will be as follows:

1. The first closing count is done at the closure of a cavity or organ within a cavity.
2. The second closing count is done at the closure of the abdominal, thoracic or retroperitoneal cavities.
3. Sponge detection technology will be integrated into the surgical plan of care after completion of the second closing count and before the start of skin closure.
4. The final closing count is performed when skin closure is started.
5. The count begins on the operative field, proceeds to the mayo stand, the back table, and finally to the items which have been passed off the sterile field.
6. An additional count may be called for by any member of the surgical team as deemed necessary.
7. The Circulating nurse reports each count to the surgeon as it is completed.

N. The following steps are taken in the event of an incorrect closing count:

1. The count is immediately repeated, the surgeon notified, and the use of sponge detection technology is implemented to scan the patient and contents of the Operating room for the missing item.
2. If the count is still incorrect, the surgeon is notified and the room is searched for the missing item by using direct vision and sponge detection technology. All

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personnel must direct their immediate attention to finding the missing item. The surgeon may need to re-examine the wound before completion of skin closure.

3. If the missing item can not be found an x-ray is taken while the patient is still in the Operating Room and the surgeon reviews the x-ray. A full abdominal series radiographic examination is ordered to ensure visualization of the entire abdominal cavity if the surgery occurred within the abdominal cavity.
4. A quantros report is completed by the circulating RN to document occurrence. If the missing item is not located, an incorrect count is documented on the patient case record.
5. If the item missing is a very small needle which could not be noted on x-ray, the surgeon may waive the x-ray. The Circulating Nurse must record this information on the patient's record and fill out a quantros report.

- O. The Instrument Count Sheet is returned to the Sterile Processing Department on the case cart. Missing instruments are noted on the instrument count sheet.

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Responsibility	Director Surgical Services
Written	July, 1998
Date of last Review	June 2013, January 2014, June 2014, <u>December 2017</u>
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Supercede	

Laura Mullin, Surgical Services Director

Date

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