

UNIVERSITY OF CHICAGO MEDICAL CENTER

GUIDELINE NAME: PERIOPERATIVE SERVICES SURGICAL COUNT PROCESS

ISSUE DATE: JANUARY, 2014

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Purpose:

To provide guidance to perioperative personnel for the prevention of retained items during surgical or other invasive procedures.

Count Process Guideline:

1. The scrub person (scrub nurse/technician) & circulator nurse must perform counts together concurrently and aloud (one must be an RN).
2. All counts will be audible.
3. All counted items will be viewed by the scrub person and circulator nurse; soft goods will be fully opened (bands broken) and viewed concurrently.
4. Surgical counts should be conducted in the same sequence each time, in a logical progression from proximal (incision site) to distal (off the surgical sterile field), i.e. surgical site area, mayo stand, back table, items removed from the field
5. The surgical count will be completed in same sequence: soft goods, sharps, miscellaneous items and instruments.
6. It will be the responsibility of the circulating nurse to inform the surgical team that the counting process has been initiated.
7. All counts will be fully completed (initial, second, relief, final) of sponges, sharps, miscellaneous items, and instruments.
8. All count items will be maintained in the operating/procedure room during the case. Until, the patient has transferred from the operating/procedure room.
9. Relief Count: there should be a hand-off communication of the counts at the time of relief between the reliefs operating/procedural staff (circulating nurse and scrub nurse/technician) and outgoing operating/procedural staff (circulating nurse and scrub nurse/technician). Refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
10. Intentionally retained items: Refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

Surgical Soft Goods (sponges, towels, textiles)

- Keep to a minimum the amount, size and types of sponges opened for surgical and other invasive procedures.
- Do not remove any trash and linen containers or bags until all counts are completed and reconciled, and the patient has been transferred from the operating /procedural room. Only towels/Laps/Sponges with radiopaque markers will be used in the open wounds as packing, padding, or retracting.
- Blue towels without the radiopaque marker may be used for draping. They should not be placed in wounds or used near the wound.

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Sponge Counter Bag:

- Must be used on all cases.
- Raytec, laps, baby laps and tonsil sponges (balls) will be placed in individual slots in the sponge counter bag.
- Cottonoids and kitners will be kept together by type and will be bundled according to manufacturer increments (Example: Groups of 5 or 10).
- Fill bag from bottom to top.
- All sponges should be opened, ensuring there are not two combined together.
- Place sponges in slot with x-ray detectable tag visible.
- If multiple sponge counter bags are used, full sponger counter bags should be visually and verbally verified.

Sharps

- All sharps must be verbally announced before passing the sharp into the surgical sterile field.
- All suture needles, regardless of size, should be counted in all surgical and other invasive procedures.
- Needle count boxes must be used.
- Only one needle should be placed in each needle counter box slot.
- When a needle counter box is full on the surgical sterile field, an additional new needle counter box should be used. The full needle counter box will be included in the count and not removed from the operating room/procedural room until the final count is reconciled.
- Sharp item which is passed or dropped from the surgical field:
 - Should be shown to the scrub person (scrub nurse/technician).
 - Isolated from the surgical sterile field.
 - Placed in a needle counter box that is separate from the surgical sterile field.
 - Included in the final count.
- The needle counter box must stay in the OR until the patient leaves the operating room.

Miscellaneous Items

Miscellaneous items should be documented on the count sheet (refer to department count sheet).

Instruments:

- Pre-printed instrument count sheets should be used to record the counted instruments.
- All peel packs instruments added to the surgical/procedural field will be recorded separately on the count sheet.
- All counted instruments must remain in the operating/procedural room until all counts are completed and resolved.

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Recording Counts

- Packaged items should be counted according to the number that the item is packaged in.
- Document cumulative, additive, running totals for all countable items.
 - Soft goods (sponges, ray tech, etc.) counting format must be: $5 + 5 = 10 + 5 = 15 + 5 = 20$, $10+10 = 20$, etc.
 - Needles, sharps, miscellaneous, etc. counting format must be: $1+2=3$, etc.
- Items must not be subtracted from the count sheet.
- Count sheets are not a part of the patient record.

DOCUMENTATION

- Counts must be documented in Epic intraoperative navigator count section as correct, incorrect, or N/A (not applicable) on every case.
- Relief count must be documented in the Epic intraoperative navigator count section by the relief circulating nurse.
- Items counted, (i.e. sponges, sharps, instruments, misc. items) must be documented in the Epic intraoperative navigator count section
- Document the amount of counts performed.
- Document names and titles of personnel performing the counts.
- Record date and time the count (initial, relief, final, etc.) was performed.
- Document results of surgical counts in the Epic intraoperative navigator count section.
- Document notification of count results to surgeon/surgical team.
- Document sponges intentionally retained as packing.
- Document actions taken if count discrepancies occur (refer to Sponge, Sharp, Instrument and Miscellaneous Count, PC 80).
- Document rationale if counts are not performed or completed as prescribed by Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
- Documentation of X-ray results and count discrepancy resolution.

Incorrect Counts

1. Any member of the team may ask for an additional count to resolve discrepancy.
2. The circulator nurse will notify the surgical team of the incorrect count.
3. Conduct a manual inspection of the operative suite/procedural room with visual inspection of the area surrounding the surgical sterile field, including floor, linen and trash receptacles.
4. The scrub person (scrub technician/nurse) should recount with the circulating RN.
5. If the missing item is found, the surgical count for the missing count item(s) will be repeated in its entirety.
6. When a discrepancy in the count is identified, refer to Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.
7. When there is an incorrect count and/or lack of verbal acknowledgment from surgical team about any counting irregularities, notify the Charge RN, OR manager and complete an event report.

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X-ray Considerations:

Refer to the Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

RFO Triggers:

Refer to the Sponge, Sharp, Instrument, and Miscellaneous Count, PC 80.

Event Report:

An event report is to be completed in all instances of an incorrect count and intentionally retained foreign body.

REFERENCES:

1. Guidelines for Perioperative Practice (2021). *Retained surgical items, pp. 771-818.* Denver, CO: AORN, INC.

CROSS-REFERENCES:

1. University of Chicago Medical Center (2020). Sponge, Sharp, Instrument, and Miscellaneous Count. *University of Chicago Medical Center Policy and Procedure Manual, Patient care, PC 80.*