TITLE: **SURGICAL COUNTS: INSTRUMENTS, SHARPS & SPONGES**	**Policy Number:** 400.09.23 **Issued For:** BayCare Ambulatory Svcs.
Originator: BayCare Ambulatory Services **Departments:** BayCare Amb. Surgery Centers	**Original Issue Date:** 6/2009 **Revision Date:** 10/10, 1/12, 8/1/2018
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PURPOSE:
To protect the patient from injury due to retained foreign objects and to provide processes to establish accountability for sponge, sharps, and instrument counts.

POLICY:
Sponges and instruments will be counted on procedures in which the possibility exists that they could be retained. Sharps and related miscellaneous items will be counted on all procedures. Counts will be performed in the same sequence to assist in accuracy, efficiency, and continuity.

Counts will be documented on the patient's intra-operative record. Counts are the primary responsibility of the perioperative nurse.

Contaminated sponges, sharps, and instruments will be handled using standard precautions and disposed of according to OSHA guidelines for regulated waste.

When a discrepancy is identified, the surgeon is immediately notified and a thorough search is made to determine if a resolution can be met. After search and x-ray examinations, the surgeon will make further determination of final actions if item not found.

PROCEDURE:

1. Determine when initial counts are to be performed and establish when subsequent counts may be omitted.
- Perform counts in the following situations:
  - Before procedures to establish a baseline
  - When additional items are added to the sterile field
  - Prior to closure of a cavity within a cavity
  - Before wound closure begins
  - At skin closure or end of procedure
  - At the time of relief of scrub person and/or circulating registered nurse

2. Establish and standardize instrument sets identifying the minimum types and numbers of instruments in the sets.
- Pre-printed count sheets identical to the standardized set may be used for documenting counts.

3. Leave all sponges uncut and in their original configuration.
- Use x-ray detectable sponges during a procedure
- Only use non-x-ray detectable sponges as dressings.

4. The scrub person maintains a continuous, accurate accounting of all sponges, sharps, and instruments on the sterile field.
- During procedures, members of the surgical team account for broken or disassembled sharps and/or instruments in their entirety.

5. Two individuals, one of whom is a registered nurse, perform a count; audibly and view concurrently.
    - Perform counts in the same sequence (e.g., start at the surgical site and the immediate surrounding areas and then proceed to the Mayo stand, back table, and finally to items that have been discarded from the field).
        - Separate individual items to determine count
        - Verify the count of all prepackaged items
    - Keep counted sponges, sharps, and instruments in the operating room and/or sterile field during the procedure
    - Keep linen or waste containers in the operating room until all counts are completed and resolved.

6. Handle and properly dispose of contaminated sponges, instruments, and sharps during end of case clean up using appropriate personal protective equipment and leak-proof, tear resistant hazardous material containers.

7. Discrepancy in instrument, sharps or sponge counts: notify the surgeon immediately and thoroughly search the surroundings, including:
    - The operative field by the surgeon
    - The sterile field by the scrub person
    - All linen and waste receptacles and all appropriate areas within the room by the circulating nurse

    If not found
    - obtain an x-ray examination
    - If undiscovered on the initial view, a 2nd view of the operative site will be performed.
    - If still undiscovered after more than one x-ray view, further direction will be taken from the operating surgeon.
    - The patient will remain under anesthesia until the film(s) is/are read.
    - All efforts and results will be documented in the record.

8. Documentation of counts should include, but is not limited to:
    - Types and results of counts (e.g., sponges, instruments, sharps)
    - Names and titles of all individual performing counts
    - Retained items leaving the OR with the patient
    - Surgeon notification of counts
        - Unresolved or incorrect count
            - All of the above
            - Surgeon notification of incorrect counts
            - Actions taken if discrepancies occur
            - Disclosure to the patient, or the patient's significant other, of any unresolved discrepancies in the count
        - Aborted or waived count
            - Acknowledgment and reason for aborted or waived count