Surgical Instrument Count
Policy & Procedure Review
Safe Practice Implementation
Self-Learning Packet
March, 2009
To: RNs and Surgical Technologists
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Please read the content of this packet carefully. If you have any questions, please contact me via e-mail, phone (5-3997) or in person.

The revised Surgical Count Policy can be found in its entirety on the HH intranet.
Perioperative Services → Operating Room → OR Policies and Procedures

A grade of 90% (2 incorrect answers) is required to pass this exercise.

Thank you.
Instrument Count Policy/Procedure Review

Performing Counts:

⇒ **Baseline Count:**
   The baseline count (set-up count) is performed prior to the beginning of a case (sponge material, sharps, instruments).

⇒ **First Closure:**
   The first closing count is performed at the start of closure of the cavity/wound (sponge material, sharps).

⇒ **Final Count:**
   The final count is performed *after* the cavity/wound is closed (sponge material, sharps, instruments).

Three Instrument Counts performed:

⇒ **Baseline Count:**
   Performed by the scrub and circulator *together aloud* then documented and signed by the circulator under “baseline counts performed” during procedure set up. Circulator documents “counts performed by” enters name of circulator and scrub.

⇒ **Final Instrument Count:**
   A count is performed by the scrub and circulator *aloud together* then documented by the circulator as correct/incorrect under count #1.
   *The final count *is not complete* until the wound is closed and the
instruments used in closing i.e., needle holders, forceps, scissors, etc., are returned to the scrub.

⇒ **Breakdown Count:**
Performed by the scrub during procedure breakdown to facilitate patient safety, inventory control and to prevent count discrepancies. This count may be completed after the patient leaves the OR suite. Do not remove linen and trash from the OR Room until count is completed.

⇒ **Final Instrument Count Revision:**
Instruments re-introduced from the instrument back table/Mayo stand to the surgical field/site during closing **must** be communicated by the scrub to the circulator. The circulator will enter a notation on the instrument count sheet.

**General Count Review**
Counts are performed and documented on all procedures where the potential for a retained foreign body (sponge material, instruments and/or sharps) exists:

⇒ **Baseline Count:**
Performed **on all** procedures to include laparoscopic and minor procedures to include laparoscopic Cholecystectomies, breast biopsies, CTS, STS, DeQuerviens, dorsal and volar wrist ganglions.

⇒ **Sharps are counted and documented on all procedures—no exceptions.**
Baseline Line Instrument:
Performed on all surgical procedures with the exception of OMF, ENT, selected Plastic Cases (i.e. microsurgical), and all Orthopedic, Neuro, and Cysto procedures.

First Closure Count: (sponge material/sharps)
The circulator and the scrub person count sponge material & sharps aloud together.
The result of this count is reported to the surgeon. The first closure count is documented/signed by circulator as “correct/incorrect” (first initial, last name) The circulator prints first initial, last name of scrub NO INITIALS, LINES, SLASHES-each count (sponge, sharps) is signed as separate documentation!!

Final Count:
The circulator and the scrub person count sponges, sharps, instruments aloud together.
The result of this count is reported to surgeon. The final count is documented/signed by circulator as “correct/incorrect” (first initial, last name) The circulator prints first initial, last name of scrub NO INITIALS, LINES, SLASHES-each count (sponge, sharps, instruments) signed as separate documentation!!

Additional Counts:
3 or more closing counts are performed when:
-An exceptionally large number of counted items have been used:
-A hollow organ/cavity (i.e., uterus, bladder, vagina, etc.) is open:
First closing count is performed at the start of closure of a hollow organ (i.e., total abdominal hysterectomy);

- At the completion of a vaginal procedure. After the patient has been removed from the surgical position (stirrups);

- Open retro peritoneum: First closing count is performed at the start of retro peritoneum closure (i.e., abdominal aortic aneurysm)

- To ensure correctness of the count;

- Procedures identified as high-risk.

* This count is documented by the circulator as correct/incorrect under count #1 (sponge, sharp, instrument).

* The second closure count is documented by the circulator as correct/incorrect under count #2 (sponge, sharp)

* The final sponge and sharp count is documented by the circulator as correct/incorrect under count #3.

* The final instrument count is documented by the circulator as correct/incorrect under count #2.

* Select procedures may require a 4th sponge/sharp count

Multiple Counts are performed when:

- More than one surgical procedure is performed: A complete, separate count is done for each procedure i.e., ORIF tibial with iliac graft; femoral popliteal bypass and carotid artery reconstruction.

- Bilateral procedures: A complete, separate count is performed for each side i.e., bilateral hernias; bilateral breast biopsies.
Surgical Wounds are packed with X-ray detectable towels and sponge material:
- The circulator documents the number of sponge material items (i.e., ring pads) packed into the wound in the Intraoperative section of the Perioperative Nursing Record, records the sponge count as **correct** and generates a Peminic Report.

Removal of sponge material/towels (x-ray detectable) used as wound packing:
- The circulator documents the number of sponge material items (i.e., Lap pads) removed from the wound in the Intraoperative section of the Perioperative Nursing Record, records the sponge count as **incorrect** and generates a Peminic Report. The circulator orders an x-ray to be taken prior to patient discharge from OR suite.

Safe Practice Implementation: The scrub person will perform a breakdown count during procedure breakdown to facilitate patient safety, breakdown control and to prevent count discrepancies.

The scrub will: Complete the breakdown count; sign the Instrument Count Sheet as correct/incorrect.

Incorrect Instrument Breakdown Count: The scrub will notify the circulator/resource/clinical manager of incorrect count. The circulator/resource/clinical manager will ensure Surgical Count Policy Incorrect Count actions are followed:
- A complete recount is performed
- A thorough search of the wastebaskets, linen hampers, floors, furniture, cassette bags, etc. is conducted
- If the missing instrument has not been found, the circulator/resource/clinical manager order an X-Ray to be performed (patient may be in PACU or SICU)
- The circulator will generate a Peminic (incident) report
- The circulator will document actions and result of X-ray in the patient's medical record

⇒ **Instrument Count Sheet**: Will be saved at the room level (time to be determined). Random audits will be conducted to ensure breakdown counts are performed consistently by the scrub person.

⇒ **Count Tally Sheet/Instrument Count Sheet**
   Break and lunch relief circulators **should initial** additions to the count sheets to ensure accuracy.

03/05/09

Count policy follows
POLICY FOR PERFORMING AND DOCUMENTING SURGICAL COUNTS: SPONGE MATERIAL, SHARPS AND INSTRUMENTATION

A policy sets forth the guiding principles for a specified targeted population as such principles related to specific clinical or operational issues.

Scope: All surgical specialties to include: Caesarean-Sections, General Surgery, Plastics, Gyn, ENT/OMF/GU, Cardiovascular- Peripheral Vascular, Orthopedic, Neurosurgery, and Ophthalmology (during orbital explorations).

Purpose: To account for all sponges, sharps and instruments used during surgery to promote optimal perioperative patient outcomes.

Policy:

I. Counts are performed and documented on all procedures where the potential for a retained foreign body (sponge material, instruments and/or sharps) exists:

   A. A baseline count is performed on all procedures to include laparoscopic and minor procedures (example: Lap Cholecystectomies, breast biopsies, CTS, STS, DeQuerviens, dorsal and volar wrist ganglions.

   B. Sharps are counted on all procedures.

   C. A baseline line instrument count is to be performed and documented in the intraoperative section of the Perioperative record on all surgical procedures with the exception of OMF, ENT, selected plastic (i.e. microsurgical), and all Orthopedic, Neuro, and Cysto procedures.

   D. STAT RED procedures: Surgical counts are performed when possible. At no time shall it be taken for granted that these counts are not performed because of the stat red status of the procedure. If counts cannot be conducted, the following actions are to be taken:

      1. Notify surgeon count not done.

      2. X-ray ordered (Operating Room Standing Order): Taken in the OR prior to patient discharge from OR suite. *Exception: An X-Ray is not needed in the event of an incorrect needle count involving a needle less than 10 mm in size, i.e. BV, BV-1, (6-0, 7-0, 8-0) etc.

      3. Submit a Peminic Report: Include detailed information (i.e. time case booked; patient arrival to OR; actions taken).

      4. Document on intraoperative section of the perioperative record the course of action.*Example: "Stat Red, count not done, surgeon notified, x-ray taken . . . result of x-ray"

   D. X-rays are to be performed on all procedures identified as high risk prior to patient discharge from OR suite (See procedures defined as high risk, Sec. II, E., 2.f.)
E. In the event a patient expires during surgery, a surgical count is to be completed and documented.

II. Performing Counts:

A. Who Counts:
   1. The circulator and the scrub: *Visually and verbally count together each item once.*
   2. The circulator and scrub: Count each package and/or item separately.
   3. Count each sharp item individually including multi-pack needles.
   4. The circulator is responsible for recording the count on the count tally sheet.

B. Baseline Count: The baseline count (set-up count) is performed prior to the beginning of a case (sponge material, sharps, instruments).

C. First Closure: The first closing count is performed at the start of closure of the cavity/wound (sponge material, sharps).

D. Final Count: The final count is performed after the cavity/wound is closed (sponge material, sharps, instruments).

E. Additional Counts
   1. Partial Counts are performed when:
      a. Counted items are dispensed to the sterile field.
      b. Permanent relief occurs and at the change of shift:
         1) *The circulator and scrub leaving the case will conduct a count with the relief circulator and relief scrub person physically present in the room.*
   2. Three closing counts are performed when:
      a. An exceptionally large number of counted items have been used.
      b. A hollow organ/cavity (i.e., uterus, bladder, vagina etc.) is open: *First closing count is performed at the start of closure of a hollow organ/cavity.*
      c. A vaginal procedure is completed: *Is performed after the patient has been removed from the surgical position (stirrups).*
      d. Open retroperitoneum: First closing count is performed at the start of retroperitoneum closure.
      e. To ensure correctness of the count.
      f. Procedures identified as high-risk:
         1) Emergency “STAT RED” procedures (open body cavity, i.e. abdominal, thoracic).
2) Excessive bleeding/hemorrhage (4 unit transfusion or >)

3) “Free” 4x4 in body cavity i.e., open peritoneum (abdominal, vaginal), thoracic), see IV. Safety Precautions, A. Sponge Material, 13

3. Three Instrument Counts performed:

   a. Baseline Count: Performed by the scrub and circulator together aloud then documented and signed by the circulator under “baseline counts performed” during procedure set up.

   b. Final Count: A count is performed by the scrub and circulator together and aloud then documented by the circulator as correct/incorrect under count #1. The final count is not complete until the instruments used in closing the wound i.e., needle holders, forceps, scissors, etc., are returned to the scrub.

   c. Breakdown Count: Performed by the scrub during procedure breakdown to facilitate patient safety, inventory control and to prevent count discrepancies. This count may be completed after the patient leaves the OR suite. Do not remove linen and trash from the OR Room until count is completed.

   d. Additional Instrument Count:Performed at the end of cavity closure on all surgical procedures where the retroperitoneal, uterine, vaginal, bladder cavities or the depth of the procedure could result in the retention of an instrument, i.e. panniculectomy. This count is documented by the circulator as correct/incorrect under count #1. The Final Count is documented by the circulator as correct/incorrect under count #2.

4. Multiple Counts are performed when:

   a. More than one surgical procedure is performed: A complete, separate count is done for each procedure i.e., ORIF tibial with iliac graft; femoral popliteal bypass and carotid artery reconstruction.

   b. Bilateral procedures: A complete, separate count is performed for each side i.e., bilateral hernias; bilateral breast biopsies.

III. Incorrect Count

A. The circulator will notify the surgeon and Clinical Leader, Nurse Manager or Charge Nurse.

B. The circulator and scrub will conduct a complete recount.

C. The circulator will initiate a thorough search of wastebaskets, linen hampers, floor, furniture, cassette bags, etc.

D. The circulator will order an X-ray. (Operating Room Standing Order): Taken in OR prior to patient discharge from OR suite.
E. The circulator will generate a Peminic Report (to be generated once a search has been initiated whether or not the item is retrieved).

F. A notation will be documented in the intraoperative section of the Perioperative Record. *Example: “10:00 a.m. Incorrect count, x-ray taken, sponge retained, item retrieved without incident” or “Incorrect count, x-ray taken, x-ray results negative; read by Dr. Smith (radiologist)”.

IV. Safety Precautions

A. Sponge Material:
   1. Keep types and number of sponge material and sharps dispensed to a minimum.
   2. Only sponge material with an x-ray detectable element is used on the sterile field during the procedure.
   3. 4x4’s used for skin prep should be accounted for prior to the incision.
   4. Sponge/gauze material from spinal trays, I.V. administration, etc. should be kept separate from counted sponges.
   5. T&As used on catheterizations or skin preps should be included in the count and remain in room and contained.
   6. Specimens should not be transported or dispensed from the sterile field on any form of counted material.
   7. Do not remove sponge material, sharps, instruments, linen, linen hampers, or wrappers from the room after the baseline counts have been performed.
   8. Packages found to have an incorrect number of "sponge" material are to be immediately removed from the OR suite.
   9. Do not attempt to correct errors or compensate for packaging discrepancies.
   10. Bag, label the package, immediately remove from the OR suite.
   11. The scrub person must contain various sponge materials and sharps separately on the sterile table.
   12. One sponge material type should be in a solution basin at a time i.e. 4x4’s with 4x4’s, etc.
   13. Open peritoneum and body cavity: 4x4's should be passed on sponge sticks or tagged with a clamp one at a time on an exchange basis.
      a. The scrub person will notify the circulator when a “free” 4x4 is used in a body cavity; the circulator will enter a notation on the count tally sheet and white board.
      b. 4x4’s are passed on an exchange basis.
c. An X-ray is performed prior to patient discharge from the OR suite. **Exemption:** Laparoscopic procedures-4x4’s are passed on an exchange basis.

14. Record of responsibility: Count materials added to the count tally sheet are initialed by the person dispensing the counted item.

15. Dressing sponges dispensed to the sterile table via Trace Pack are contained/secured on the back table by the scrub person.

16. Trash containers, kick-buckets and linen hampers are inspected and determined empty by the circulator at the start of each case.

17. Disposal of counted sponge material: All disposable counted materials are biohazardous waste.

B. Sharps

1. The circulator must locate and secure the sharp. The sharp is contained in the OR suite with other counted materials discarded from the sterile.

2. Sharps must be immediately removed from the operative field/neutral zone field, as they are returned to the scrub by the surgeon.

3. Dispensing of sharps should be kept to a minimum.

4. A magnetic mat is used for storing/containing sharps on all procedures.

5. More than 1 magnetic mat is used when a high inventory sharps is necessary.

6. Excess suture material must be trimmed from needles stored on the magnetic mat after use.

7. A broken sharp item must be accounted for in its entirety.

8. The scrub person is responsible for tracking sharp items on the sterile field.

9. Sharps should be passed to the surgeon on an exchange basis utilizing the neutral zone or hand-to-hand as appropriate.

10. Counted sharps are not removed from the OR suite during a procedure.

11. In the event a sharp item is removed/falls from the sterile field, the scrub must immediately notify the circulator.

12. Items that cut or create a piercing wound must be considered a sharp.

13. All sharps must be removed from the OR after each procedure on the magnetic sharps mat and disposed of in the black RICRA waste containers in the scrub sink area.

14. Sharps are never placed in plastic bags.

C. Instruments
1. Malfunctioning instruments are kept in the room and accounted for during counts.

2. The malfunctioning instrument is decontaminated, labeled and placed on top of the case cart after counts are completed.

3. Record malfunctioning instruments under the comment section of ICS.

4. Instruments are not to be taken from the OR suite once the setup count has been performed.

5. Instruments are removed from Pathology specimens before the specimen leaves the room, including frozen sections. In the event an instrument is required by the surgeon to accompany a specimen as a marker, a comment is recorded by the circulator on the count tally sheet.

6. All contaminated instruments are accounted for and removed from the room at the end of all surgical case breakdowns.

7. Broken instruments: All “pieces” must be accounted for, decontaminated, saved, and given to the Clinical Nurse Manager, RN Clinical Leader or Charge Nurse for appropriate incident reporting and sequester.

8. Final Instrument Count: Instruments re-introduced from the instrument back table/Mayo stand to the surgical field/site during closing must be communicated by the scrub to the circulator. The circulator will enter a notation on the instrument count sheet.

V. Count Procedure:

A. Sponge Material: Sponges are counted on all procedures in which the possibility exists that a Sponge (or sponge material) could be retained.

1. 4x4's
   a. The circulator and scrub count together aloud.
      b. Scrub person holds the entire pack of 4x4's in one hand with the smooth edge facing the circulator.
      c. Scrub person removes the tie band, then separates folded edges of the 4x4's.
      d. The scrub takes each individual 4x4 off the pack and places it onto the table away from other sponge material in full view of the circulator.
      e. Completion of the count: The scrub contains the counted 4x4s in a small bowl.

2. Lap Pads
   a. The circulator and scrub count together aloud.
      b. The scrub removes the tie band
      c. The scrub and circulator count each pack of five (5) separately.
      d. The scrub and circulator count each Lap pad separately.
e. The scrub pulls each ring on the Lap pad to ensure security.

3. T&A sponges:
   a. *The circulator and scrub count together aloud.*

   b. The scrub empties each package separately onto the back table, arranges the T&As in rows and carefully separates each T&A.

   c. The scrub show the circulator the empty package, which should be saved for storing soiled T&As during the case and for discarding the T&As at the end of a case.

   d. The scrub and circulator count the T&As on the back table and the scrub person places the T&As in a finger bowl.

   e. When more than 20 T&As are used, groups of 10 should be removed from the field:

      1) The circulator and scrub count in groups of 10.

      2) The scrub counts 10 into the glassine bag and hands it to the circulator.

      3) The circulator closes the glassine bag securely and places it with other counted material.

4. Dental Pledgetts:
   a. *The circulator and scrub count together aloud.*

   b. The circulator and scrub count the dental plegetts in its container/dispenser.

   c. The scrub and circulator view the radiopaque thread of the dental plegetts to ensure it is visible.

   d. The scrub and circulator count all dental plegetts, used or unused, in its container/dispenser.

   e. The scrub discards used and unused dental plegetts in its container/dispenser at the end of the surgical procedure.

5. Towels (X-ray detectable)
   a. *The circulator and scrub count together aloud.*

   b. Each pack of 4 is counted separately.

   c. Each pack of 4 is recorded on count tally sheet

6. Count Tally Sheet:
   a. The circulator lists the counted materials dispensed and counted on the count tally sheet
7. Containment of contaminated sponge material:
   a. The scrub person discards contaminated 4x4's and Lap pads from the surgical field.
   b. As an on-going process, the circulator organizes sponge material throughout the surgical procedure and should not wait until the start of closure.
   c. The circulator transfers sponge material from the plastic lined bucket to the sponge counter bag placing each 4x4 in a separate pocket i.e., 1 sponge counter bag per group of 10 sponges; Lap pads: 1 sponge counter bag per group of 5.
   d. The scrub person and circulator count 4x4’s, Lap pads with rings, T&A's, dental plegetts, and other items in order 1. field first, 2. instrument stand and 3. back table.
   e. The scrub person groups penrose drains, surgiloops, bulldogs, etc. together on the instrument table.

B. Sharps: **Sharps and other miscellaneous items should be counted on all procedures.**
   (Blades, Needles, swedged/non-swedged, disposable scissor tips, hypodermic needles, active electrode blades and needle tips, etc)

1. *The circulator and scrub count together aloud.*

2. The circulator views the scrub separate multi-packaged sharps and counts each sharp *individually* (i.e., multipack needles).

3. The circulator and scrub count needles (swedged and non-swedged) in their original package.

4. The scrub removes non-swedged needles from the original package then places the non-swedged needles on the magnetic mat.

5. Prior to the start of the case, the circulator and scrub count all needles on the back table before the scrub loads needles on needle-holders.

6. The circulator and scrub identify double-armed needles and count them individually, i.e. 2 needles.

7. The circulator records all sharps dispensed during a case must on the count tally sheet and writes his/her initials next to the number dispensed.

8. The circulator and scrub count needles less than 10 mm in size (BV, BV-1, 8-0, 70, 6-0 sutures) separately. The scrub places needles less than 10 mm in size on a separate magnetic mat when an exceptional amount is used i.e., cardio-thoracic and vascular cases.

9. The scrub contains used needles in pairs on the magnetic mat.

10. The scrub and circulator confirm their sharp tally as each sharp is dispensed during the procedure.
11. The scrub continuously monitors the sterile field to ensure sharps are not left on the sterile field.

C. Instrumentation: *Instruments should be counted for all procedures in which the likelihood exists that an instrument could be retained and/or a body cavity/hollow organ is opened.*

1. The scrub checks the chemical indicator for sterility.

2. The Scrub passes the instrument count sheet (ICS) to the circulator.

3. The scrub and the circulator count the instruments *together aloud* as the scrub removes instruments from the pan and places them on the sterile table. The scrub and circulator perform the baseline count verify of the instrument count done during assembly of the set.

4. The circulator immediately records the instruments counted to include missing items on the ICS.

5. The scrub and circulator count all removable parts are counted. *Example: 1 Ankenney retractor (15); T&A suction (2).*

6. The circulator reports result of the count to the surgeon.

7. When an instrument closing count is required, the circulator records this count in the Perioperative Record in the count section under instrument count and places a “✓” in box 1.

8. The scrub performs the breakdown count after the completion of the procedure (may be completed after the patient leaves the room). Trash and linen is removed from the OR suite after the scrub completes the breakdown count.

D. Count Documentation:

1. The circulator totals the amount of sponge material discarded from the field and subtracts tally from the number dispensed.

2. First Count: The circulator and the scrub person count sponge material, *together aloud*, beginning with 4x4’s on the field, instrument stand, and instrument table.

3. Completion of first closing count: The circulator reports results to the surgeon the records on and signs the designated area of the intraoperative section of the Perioperative Record in the following manner:

   a. The circulator checks CORRECT or INCORRECT then signs his/her first initial, last name and title and prints the first initial, last name and title of the scrub person.

4. The circulator then recounts the sponge material off the field.
5. Final Count (after cavity/wound closed): The circulator and the scrub person count together aloud.

6. Completion of the Final Count: The circulator reports results to the surgeon then records on and signs the designated area of the intraoperative section of the Perioperative Record in the following manner:

   a. The circulator checks CORRECT or INCORRECT then signs his/her first initial, last name and title and prints the first initial, last name and title of the scrub person.

   b. The circulator places a check in the checkbox labeled: “Surgeon notified of all counts”.

7. **Sponge material/towels (x-ray detectable) used as wound packing:** The circulator documents the number of sponge material items (i.e., ring pads) packed into the wound in the Intraoperative section of the Perioperative Nursing Record, records the sponge count as **correct** and generates a Peminic Report.

8. **Removal of sponge material/towels (x-ray detectable) used as wound packing:** The circulator documents the number of sponge material items (i.e., Lap pads) removed from the wound in the Intraoperative section of the Perioperative Nursing Record, records the sponge count as **incorrect** and generates a Peminic Report. The circulator orders an x-ray to be taken prior to patient discharge from OR suite.

9. Change of shift documentation:

   a. **The circulator leaving the case places a “√” in the box indicating that change of shift counts were performed in the count section of the Perioperative Record.**

   b. **The circulator leaving the case signs his/her name and enters the names of the scrub leaving, the relief circulator and the relief scrub indicating the change of shift counts were performed.**

   c. **The circulator leaving the case places a “√” in the box (count section of the Perioperative Record) indicating that the surgeon was notified of the change of shift counts.**