I. Title

*Surgical Counts*

II. Policy

A. To enhance patient safety and reduce the likelihood of infection and post-operative complications, all surgical instruments, sponges, sharps, and miscellaneous items that could possibly be retained in a surgical opening shall be counted and documented on the O.R record, prior to and after, all surgical procedures to ensure no foreign body is left in a surgical patient.

B. The procedure for any “discrepancy in count” is delineated below.

C. In emergency surgery, counts may be omitted by necessity. The O.R. documentation shall state the reason(s) for omission (e.g., preservation of patient’s life or limb).

III. Procedures

A. The initial (first) count of surgical sponges, sharps, and instruments should be conducted before the patient enters the OR, when possible, to minimize distractions. The initial count shall be completed before the incision. The initial count establishes a baseline for subsequent counts for all procedures performed during the surgical encounter.

B. Surgical sponges, sharps, miscellaneous items, and instruments shall be counted audibly and viewed concurrently by both the circulating nurse and the scrub person for each count conducted during the surgical encounter.

C. All linen hampers and waste receptacles (and their contents) shall remain in the operating room until the final count is completed.

D. Surgical sponges should not be cut and non-radiopaque towels should never be used inside a body cavity.

E. A legal instruments count shall be conducted and documented following the procedure specified in the Surgical Counts Clinical Resource Inventory. Counts of instruments shall be performed prior to incision on all surgeries.

F. The second (closing), final (skin), permanent staff relief count, and any additional counts shall be performed as needed (refer to *Surgical Counts Clinical Resource*).

G. Non-radiopaque gauze sponges (for dressing) should be withheld from the field until the incision is closed. Counted surgical sponges should not be used for dressings.
H. Counted items removed from the sterile field shall remain in the room, bagged or in the O.R. kick bucket, and are retained in the count.

I. Once the procedure is completed (final count done), all laps and sponges should be passed off the sterile field and loaded into the counter bags. Visualization by the surgical team should confirm that each bag has every pocket full before the patient leaves the operating room.

IV. **Discrepancies in Count**

In the event of a count discrepancy (e.g., incorrect count), a surgeon CANNOT decline an intraoperative x-ray to be taken before the final closure of the incision, unless the patient’s condition demands closure prior to x-ray completion. The following should be performed:

- Surgical team notification and investigation;
- X-ray with report from radiologist to surgeon with appropriate documentation; and
- All other procedural steps required in the Surgical Counts Clinical Resource.

V. **Clinical Alerts**

A. All sponges and laparotomy sponges must contain a radiopaque element. Non-radiopaque towels cannot be used inside a body cavity.

B. If a package of surgical sponges, blades, needles, or miscellaneous items is found to contain an incorrect number, the entire package will be handed off the field, marked as incorrect, and isolated. Do not use any item contained within the package during the case. They should not be included in the count.

C. Counted items (e.g., sponges), removed from the sterile field, will be counted and retained in the O.R. kick bucket or bagged. They are to be included in the count.

D. When any count is initiated, the entire surgical team should facilitate the count by providing the scrub person and circulating RN autonomy to complete the count **UNINTERRUPTED**.

VI. **Definitions**

**Inventory instrument count** is a count of instruments that is performed on all cases. This count is performed as an individual activity by the scrub person prior to incision to verify the completeness of the instrument tray.

**Instruments** are surgical tools or devices designed to perform a specific function, such as cutting, dissecting, grasping, holding, retracting, or suturing.

**Legal instrument count** is a count of instruments that is done on any surgical procedure in which the abdominal or thoracic body cavity has been entered. This count shall be performed by two people, one of whom shall be an RN. All instruments are counted prior to incision and when closing the cavity. There is no final legal instrument count unless necessitated.

**Miscellaneous Items** are small items that have the potential for being retained in the surgical incision. These include, but are not limited to, vessel loops, umbilical tapes, cautery scratch pads, bulldogs and micro clips.

**Nursing personnel** includes the RNs and the Surgical Technologist.
Surgical count is an audible and concurrently visual count conducted between two people: the RN (circulator) and the scrub person.

Sharps are items with edges or points capable of cutting, or puncturing through other items. These include, but are not limited to, suture needles, scalpel blades, hypodermic needles, electrosurgical needles, and blades.

Surgical Sponges (4 x 4’s or 4 x 8’s) are soft goods used to absorb fluids, protect tissues, or apply pressure or traction. These include, but are not limited to, radiopaque gauze sponges, radiopaque laparotomy sponges, tonsil sponges, radiopaque cottonoids, and peanuts or dissectors.

VII. References


Hospital Council of Northern and Central California. (2014). *Surgical Safety: Preventing Retained Surgical Items Using the Sponge Accounting System (SAS)*.

VIII. Dates Approved or Amended

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Reviewed without Changes

IX. Contact Information
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