



### Sponge ACCOUNTing System MISCOUNT REPORT (OPTIONAL)

Please use for internal OR quality improvement. Use as needed to determine what occurred in the event of a discrepancy/missing item in surgical count. Please return to OR Nurse Managers or Nurse Champion.

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

OR#: \_\_\_\_\_

Operation: \_\_\_\_\_

Physician Surgical Team Members: \_\_\_\_\_  
\_\_\_\_\_

Scrub/Circulating Team (specify relief):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**MISSING / MISCOUNTED ITEM:**

Sponge (type e.g. lap, raytex, cherry, tonsil, etc.)

Number of sponges recorded on board \_\_\_\_\_

Number of sponges in holders \_\_\_\_\_

**ACTION:**

Areas Checked:

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Sterile Field       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laundry             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other places, _____ |                              |                             |

X-ray taken?  Yes  No (why not?) \_\_\_\_\_

Methodical Wound Exam performed?  Yes  No (why not?) \_\_\_\_\_

What is the learning that could be shared with your facility and system wide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_