

Division of Surgical Services

Patient Safety: Count Policy

SS PL 4.21

Applicable Facilities: Mayo Rochester Hospital Surgical Services

Effective Date: July 15, 2006

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Purpose:

The purpose of this policy is to define the process to perform counts in all applicable Surgical Services practice settings. Surgical counts are performed to reduce the potential for patient injury that may result from a retained sharp, sponge, instrument, or miscellaneous item. Surgical counts must be uninterrupted.

Definitions:

Countable Instruments - Surgical tools or devices designed to perform a specific function, such as, dissecting, grasping, holding, retracting, or suturing. Any instrument that may leave a member of the surgical team's hand and could be unintentionally retained when used. Countable instruments include, but are not limited to, straights, curves, towel clips and needle holders.

Clamps - Any size or type of sterile instrument that is used to grip, join, compress, or fasten parts.

Retractors - Any sterile instrument and parts used to expose the anatomical site.

Sharps - Sharps include, but are not limited to, suture needles, scalpel blades, hypodermic needles, cautery blades, safety pins, and trocars.

Sponges - An absorbent material of any size that does or does not contain an x-ray marker and data matrix tag which is used within a wound. Examples may include vaginal packs, laparotomy sponges, raytec, cottonoids, kittners, spears, cotton balls, and green towels.

Base Line Count - A required count of all sponges, sharps, instruments, and other countable medical/surgical items placed on the working sterile field before the patient procedure or incision is initiated.

Addition or Deletion of Surgical Items - When adding or deleting sponges, sharps, countable instruments, or medical/surgical items to the sterile field, they will be counted at that time and recorded as part of the count documentation to keep the count current and accurate.

Closing Count - Scrub person and circulator will perform a verification count of all items on the working sterile field. Counts are reconciled with the previously recorded count information on the white board.

Pause Before Closure - The entire surgical team actively participates in verification of the completion of the counting process. The scrub person and circulator verbally confirm that all countable instruments, sharps, and sponge counts are reconciled and documented on the white board. Removal of all tucked items will be confirmed at this time. Team members agree that the counts are accurate.

Pause Before Procedure Completion - The entire surgical team actively participates in verification of the completion of the counting process before the procedure is completed. The scrub person and circulator verbally confirm that all countable instruments, sharps, and sponge counts are reconciled and documented on the white board. Removal of all tucked items will be confirmed at this time. Team members agree that the counts are accurate before procedure completion and before any packing.

Final Count - Counts are considered final and complete when all sponges, sharps, and instruments used during closure are returned to the scrub person. The scrub person and circulator will verify accuracy of the counted items. All sponge materials must be scanned out.

Temporary Relief Count Process - A staff-to-staff hand-off reporting the location of all counted items will occur. Direct

visualization of all items may not be possible.

Permanent Relief Count Process - A staff-to-staff hand-off reporting the location of all counted items will occur. Documentation of all items counted on the white board must be reconciled before the relief team assumes responsibility. Direct visualization of all items may not be possible.

Tucked Item - Any sponge, sharp, instrument, or medical/surgical item that is placed in the surgical wound with the intent of removal before wound closure.

Policy Statements:

Accuracy of count procedures promote an optimal perioperative patient outcome.

Patient emergencies may necessitate waiving temporarily one or more of the recommended counts. When applicable, resume the count.

Retractors counted are malleables, self-retaining retractors that are completely contained in the wound and retractors that have multiple pieces, screws, and accessories. Hand-held retractors that have a portion outside of the wound, which does not leave the surgical teams' hand, does not need to be counted.

The surgeon will determine the intentional retention of sponges, instruments, and sharps.

Packages of incorrectly numbered sponges and sharps shall be isolated and not used during the procedure.

All counted items are to remain in the operating room during the procedure. Linen and waste containers will not be removed from the room until counts are completed and resolved.

Procedure Statements:

Sponges, countable instruments, and sharps are to be counted on **ALL** surgical procedures.

Counts are performed in the same sequence each time. The sequence is:

- Begin at the surgical site and move outward from the patient to the surrounding area.
- Operative procedure tables or stand.
- Items that have been removed from the field.

The white board is used as a communication and documentation tool for the sponge, instrument, sharp, and miscellaneous medical/surgical items counting process and the notation of items tucked in the wound. Sponges, instruments, sharps, and miscellaneous medical/surgical items added or deleted are recorded as a part of the count documentation on the white board. See White Board Guidelines, [SS PG 4.22](#).

Documentation of counts and/or any other pertinent information related to counts will be documented on the electronic medical record.

Instruments and sharps broken during a procedure are accounted for in their entirety.

SurgiCount Scanner

- The SurgiCount scanner can be removed from the holder on the IV pole to scan the patient ID band only. The scanner must be remounted on the IV pole and remain in the IV pole holder throughout the procedure. All sponge material tags and towels must be scanned in and out with the scanner on the IV pole.
- If the battery runs low, replace with a charged battery. Back up batteries are located on the charger in every operating room. Verify that the back up battery is present and charged or charging at the beginning of the day.

Sponge, Instrument, and Sharp Count Process

Count In

1. During the baseline count, the sponge material master tag is scanned in by the scrub person. The master tag is then removed. Do not remove the master tag from the sponge material before scanning. (Green towels do not have a master tag and must be scanned in individually.)
 - If a group of sponge material will not be used from a pack and is not counted, it must be removed from the room before the patient enters. If the sponge material is not removed before the patient enters the room, it must be included in the manual count and scanner count processes.
2. The sponge materials, instruments, and sharps are counted by the RN circulator and scrub person using the manual count process.
 - One person counts out loud (i.e. "1, 2, 3, 4, 5") with the other person watching and acknowledging the count out loud.
 - Scrub person completely separates sterile items as counted. Items should be counted individually one by one.
 - RN Circulator records information on the whiteboard.
 - Instrument, supplies, or implantables with multiple parts or pieces that are to be used during the procedure will be counted and recorded on the whiteboard with the number of pieces.
3. When sponge material is added after the baseline count, the master tag is scanned in by the RN circulator. The RN circulator performs this aseptically by opening the outer wrapper exposing the sterile contents and scanning the master tag. If no master tag, the scrub person scans the individual tag. The sterile sponge material is then presented to the scrub person.

Count Out

1. A manual count of sponge material, instruments, and sharps must be performed by the scrub person and RN circulator. Manually separate sponge material by size (separate laps 12x12, 18x18) and count out in the appropriate groups of 2, 5, or 10.
2. The RN will scan out the sponge material's individual data matrix tag in appropriate groups of 2, 5, or 10. Only sponge materials that have been removed from the sterile field and manually counted using the manual count process are scanned out.
 - All sponges needed to be scanned-out prior to procedure completion time or application of the sterile dressing.
3. Bag out scanned sponge material in appropriate groups before counting the next group of sponge material.
 - Sponges, instruments, and sharps are placed in the approved containers after the concurrent counts are performed.
 - All instruments, supplies, or implantables with multiple parts or pieces should be disassembled and all pieces counted and reconciled with previous documentation before removal from the sterile field.

Required Counts for Sponges, Instruments, and Sharps will be performed:

1. **Baseline.**
 - Before the start of the procedure to establish a baseline.
2. **Before closure of a cavity within a cavity or before implantation of a prosthesis.**
 - Direct visualization of all items may not be possible.
3. **Closure count.**
 - Before wound closure begins.

Pause Before Closure

- Prepare for pause before closure by counting out and removing instruments and sponge materials when no longer needed.
 - Prepare for pause before closure by verbally agreeing that all team members are ready to pause in the operative process. Example: Ask: "Are we ready to pause?"
4. Every team member stops to acknowledge the verification process.
 5. Verify sponge, instrument, and sharps counts with the manual count, and white board.

6. Scan out the sponge material in appropriate groups (2, 5, or 10) with the exception of those needed during the closure process. Those instruments and sponge material used during the closure will be counted out at the final count. The count verification process will be uninterrupted.
 7. All team members view white board information and "agree counts are correct".
 - Wound closure may begin.
4. **Final count**
- The final count occurs when the skin is closed or the procedure is completed.
 - The final count occurs before the surgical wound dressing is applied.
 - Wound closure material such as steri-strips can be applied before the final count is completed.
4. Everyone stops.
 5. Verify counts of closure materials with manual count, and white board.
 6. Scan out all sponge material and verify that all have been accounted for on the scanner count out screen.
 - **Sponges must be scanned out and SurgiCount case report must be closed before the surgical dressing is applied.**
 7. Team members agree that counts are correct.
 8. Dressing material is opened and presented to the sterile field when the counts are correct and completed. For procedures that do not require a dressing, the final count must be correct and complete before drapes are removed from the patient.
5. **At the time of permanent relief** of either the scrub person or the circulating nurse (direct visualization of all items may not be possible).

Tucked items:

- Tucked items are verbalized, acknowledged, and documented on the white board.
- When the tucked item is removed, draw a line through the item documented on the white board.
- When tucked items are placed in such a rapid sequence that it is not possible to keep the count accurate, a wound exploration and an x-ray film will be performed prior to wound closure if the count is not accurate.

Packed (intentionally retained) items:

- When items are intentionally packed or retained and cannot be removed at the time of relief, communication of items retained is reported and document on the perioperative record. If a data matrix tagged item, document reason for not scanning out item before closing the case report. When the patient returns to surgery to have the packed item(s) removed, isolate packed item(s) from the count (packed data matrix tagged item(s) will not scan out).

Incorrect/Incomplete Count

- A recount is taken and a search is made for the missing sponges, instruments, and sharps (i.e., trash, laundry, floor, and surrounding areas).
- When the count is not reconciled, refer to Surgical Services X-ray Policy for Retained Foreign Objects, [SS PL 4.17](#).
- Closure process will stop until counts are reconciled.

Documentation is Completed on the Electronic Medical Record

1. Mark "yes" or "no" when counts are done.
2. Mark "correct" or "incorrect" when case is completed.
3. Type "action taken" under the comments section when incorrect.
4. When materials are intentionally retained in the wound, document the number and type of retained items. Example: 5 lap sponges in the abdominal cavity, wound packed open. Free text the information in the counts comment field.

Skills Check-off for Use of Data Matrix Tagged Sponges:

RN:

http://mayoweb.mayo.edu/surg/documents/competency_template_form_RN_12-26-08_ver_5.doc

CST/LPN:

http://mayoweb.mayo.edu/surg/documents/competency_template_form_CST_12-26-08_ver_5.doc

Count Process Red Rules Tool:

<http://mayoweb.mayo.edu/sp-forms/mc4000-mc4099/mc4031-17.pdf>

Approved by:

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Surgical Services Leadership Team
Surgical Services Guideline Workgroup

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Resources: [Perioperative Standards and Recommended Practices](#)

Literature References: References may be obtained from the appropriate contact person upon request.