

Division of Surgical Services

Count Board Guidelines

SS PG 4.22

Applicable Facilities: Mayo Rochester Hospital Surgical Services

Effective Date: August 15, 2006

Revision Date: August 15, 2008

Purpose:

To provide guidelines for perioperative staff in using the count board.

Definitions:

Policy Statements:

The count board will be utilized as a communication and documentation tool during the surgical procedure to display patient information and countable items to all members of the surgical team.

The count board has designated areas for patient information, sponges, needles, instruments, tucked items, and additional items as defined by the specialty area.

Procedure Statements:

Patient Information

Write the following patient information on the board:

- Patient name.
- Clinic number.
- Date of birth.
- Weight.
- Surgical procedure.
- Allergies.
- Antibiotics.

Sponge Counts

- Record sponge packages individually and consecutively in the top triangle.
- Place your initials in the bottom triangle after sponges are counted and bagged.
- Place a check mark to the right of the last counted upper triangle whenever a sponge count is conducted.

Needle Counts

- Write type of suture and needle count horizontally.
- Record type of suture in first blank.
- Record needle additions and subtractions in second blank using +/- signs.
- Record running total in last blank.
- Place dropped needles in a separate needle box and subtract from running count.
- Place a check mark next to the number whenever a needle count is conducted.

Instruments and Med/Surg Counts

- Record name and number of instruments used on the working sterile field.
- Record additions or subtractions with +/- signs then a slash mark and the new total. Example: 6 + 2 \8 - 1\7.
- Place a check mark next to the number whenever an instrument/med-surg count is conducted.

Tucked Items

- Document the number of tucked items and the location(s) they are placed in the patient on the count board. Draw a line through when the item(s) are removed.
- In emergency situations or when items are tucked and removed in rapid succession, use the term

“multiple” when more than one of the same item is tucked.

Multiple Incisions/Services

- Use a portable count board when there is more than one service involved and procedures are performed through separate incisions.

Approved by:

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Surgical Services Leadership Team
Surgical Services Guideline Workgroup

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Next Scheduled Review Date: August 15, 2010

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Resources:

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