División de Servicios Quirúrgicos

Política de Seguridad del Paciente: Procedimiento de Conteo

**Applicable Facilities:** Mayo Rochester Hospital Surgical Services

**Effective Date:** July 15, 2006

**Revision Date:** June 15, 2009

**Purpose:**

El propósito de esta política es definir el proceso para realizar conteos en todos los entornos de servicio quirúrgico aplicables. Los conteos quirúrgicos se realizan para reducir el potencial de lesión al paciente que pueda resultar de un objeto cortante, sonda, instrumento, o cualquier otro artículo. Los conteos quirúrgicos deben ser ininterrumpidos.

**Definitions:**

**Countable Instruments** - Herramientas quirúrgicas o dispositivos diseñados para realizar una función específica, como desempeñar, agarre, retención, o sutura. Cualquier instrumento que pueda dejar el miembro del equipo quirúrgico y podría ser de manera no intencionalmente retenido cuando se utilice. Los instrumentos contables incluyen, pero no están limitados a, straights, curves, towel clips and needle holders.

**Clamps** - Cualquier tamaño o tipo de instrumento estéril que se utilice para agarrar, unir, apretar, o atar partes.

**Retractors** - Cualquier instrumento estéril y partes utilizadas para exponer el sitio anatómico.

**Sharps** - Incluye, pero no está limitado a, sutura, cuchillas, cuchillas de hipodermico, cuchillas de cautery, clavos de seguridad, y trocar.

**Sponges** - Material absorbente de cualquier tamaño que contiene o no contiene un marcador radiográfico y un código de matriz que se utiliza dentro de un corte. Ejemplos pueden incluir paquetes vaginales, sábanas de laparotomía, raytec, cottonoids, kittens, spears, bolas de algodón, y toallas verdes.

**Base Line Count** - Un conteo requerido de todos los sábanas, clavos, instrumentos, y otros artículos contables médicos/enfermería que se encuentran en el campo estéril antes de que el procedimiento del paciente o el corte se inicie.

**Addition or Deletion of Surgical Items** - Cuando se leen o se eliminan sábanas, clavos, instrumentos contables, o artículos médicos/enfermería al campo estéril, se contará en ese momento y se registrará como parte del registro del conteo para mantener la precisión y la exactitud.

**Closing Count** - El personal de limpieza y circulante realizarán un conteo de verificación de todos los artículos en el campo estéril. Los conteos serán conciliados con la información del conteo registrado anteriormente en el tablero blanco.

**Pause Before Closure** - El equipo quirúrgico completo participa activamente en la verificación de la completitud del proceso de conteo. El personal de limpieza y circulante verbalmente confirmarán que todos los instrumentos contables, clavos, y sábanas contados serán reconciliados y documentados en el tablero blanco. Retiro de todos los artículos recogidos será confirmado en este momento. Los miembros del equipo deben estar de acuerdo en que los conteos son correctos.

**Pause Before Procedure Completion** - El equipo quirúrgico completo participa activamente en la verificación de la completitud del proceso de conteo antes de que el procedimiento se complete. El personal de limpieza y circulante verbalmente confirmarán que todos los instrumentos contables, clavos, y sábanas contados serán reconciliados y documentados en el tablero blanco. Retiro de todos los artículos recogidos será confirmado en este momento. Los miembros del equipo deben estar de acuerdo en que los conteos son correctos antes del procedimiento se complete y antes de cualquier embalaje.

**Final Count** - Los conteos son considerados finales y completos cuando todas las sábanas, clavos, y instrumentos utilizados durante la cierre se devuelven al personal de limpieza. El personal de limpieza y circulante verificarán la precisión de los conteos registrados. Todos los materiales de sábanas deben ser escaneados.

**Temporary Relief Count Process** - Un intercambio personal a personal reportando la ubicación de todos los artículos conteados se realizará. 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.)
   o 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.
   o One person counts out loud (i.e. “1, 2, 3, 4, 5”) with the other person watching and acknowledging the count out loud.
   o Scrub person completely separates sterile items as counted. Items should be counted individually one by one.
   o RN Circulator records information on the whiteboard.
   o 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.
   o 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.
   o Sponges, instruments, and sharps are placed in the approved containers after the concurrent counts are performed.
   o 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.
   o 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.
   o Direct visualization of all items may not be possible.
3. Closure count.
   o Before wound closure begins.

Pause Before Closure

o 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

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Resources:                Perioperative Standards and Recommended Practices

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