| | | |
|---|---|---|
| **Name of Policy:** | **Counts: Sponge, Needle, Instrument** | THE UNIVERSITY OF TOLEDO MEDICAL CENTER |
| **Policy Number:** | 3364-124-02 | |
| **Department:** | Nursing Service/Operating Room | |
| **Approving Officer:** | Chief Nursing Officer (CNO) | |
| **Responsible Agent:** | Director of Surgical Services | **Effective Date:** 12/1/2022 |
| **Scope:** | Operating Room (OR)/Perioperative Services | Initial Effective Date: 1/1999 |

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

**(A) Policy Statement**

Sponges, sharps (needles and items that may cause a puncture), instruments, and other materials deemed appropriate, are to be counted on surgical procedures.

**(B) Purpose of Policy**

To provide a method of accounting for items placed on the sterile field for use on a surgical procedure when the depth and location of the wound is such that the item could be lost or retained in the patient. To prevent hazards to the patient's health and promote optimal healing and well-being.

**(C) Procedure**

1. The RN circulator and scrub person complete the count audibly while viewing each item. The RN circulator directs the counts and records all counts in the operative record. Sponge, sharp/miscellaneous item, and instrument counts are performed proximal to distal, large item to small item, in the same sequence: cavity, patient, mayo, back table, and off the field.

2. The RN circulator will don appropriate PPE when handling grossly contaminated items.

3. All counts are documented on the OR record with the following information:
   a. type of count.
   b. names of the OR personnel completing the count.
   c. result of each count (correct or incorrect).
   d. action taken if count is incorrect (e.g., surgeon informed, search initiated, x-ray taken and read by attending and radiologist as soon as possible and the Operations Supervisor or designee notified of occurrence).

4. In the event of an incorrect count, an x-ray must be taken while the patient is still on the OR table and read by the attending surgeon(s) and radiologist before the patient leaves the OR. The x-ray will be documented in the operative record. Deviations from this policy will be reported to the Operations Supervisor or designee.

5. On all high-risk procedures for retained foreign bodies, an x-ray will be done prior to the patient leaving the operating room, even when surgical counts are correct. High risk procedures include open chest, abdominal and pelvic cavity procedures in which any of the following circumstances occur:
   a. emergency surgery when an initial count is not completed,
   b. greater than 80 sponges used in a procedure,

6. The only exclusion for omission of counts is in an emergency. This omission and variation in procedure is documented in the operative record and an x-ray must be taken at the end of the procedure.

SPONGE COUNT

1. Sponge counts are completed on all procedures in which sponges are used on the sterile field. Sponges should be separated, counted audibly and concurrently viewed during the count by two individuals, one of whom is an RN. As additional sponges are added to the field, they are to be counted at that time and recorded as part of the count.
2. All sponges used on the sterile field must contain radiofrequency (RF) chip and be x-ray detectable. Sponges should not be altered in any way (i.e., no cutting, etc.)
3. Only x-ray detectable towels may be used in the wound.
4. A sponge count id performed:
   a. Prior to the beginning of the procedure as a baseline.
   b. At the time closure of a deep wound or large incision or body cavity begins (i.e., uterus, bladder, pericardium, hip capsule).
   c. When the skin closure is started or immediately before completion of procedure.
   d. With permanent change of either RN circulator or scrub person.
   e. When a new sponge pack is added to the sterile field.
   f. If a discrepancy is suspected.
5. Sponges may be discarded from the field onto an impervious barrier (chux) or into a basin marked ‘dirty’ to isolate the used sponges from the rest of the sterile field. Sponges are counted in original packet quantities (i.e., 5 laps, 10 raytec, etc.). The RN circulator and scrub person will audibly count the sponges together as they visualize each sponge, and the RN circulator places them into plastic bags which are available in each OR.
6. All counted sponges will remain within the OR room, either on or off the sterile field, until the procedure ends, and the patient leaves the room.
   Linen and trash bags remain in the OR room until the procedure ends and the patient leaves the room.
   No sponges may go with any specimen nor with the kidney when it leaves the living-donor OR room.
   X-ray detectable sponges will NOT be used for wound dressings.
7. The RN Circulator informs the Surgeon of the sponge count status at end of cavity closure and end of case.
8. The RN Circulator maintains an accurate status of the sponge count on a count board in the OR room throughout the procedure.
9. The RN circulator or scrub person will scan the patient with the radiofrequency (RF) sponge detector on any procedure which uses the RF sponges, to verify no RF sponges are in the patient. The verification(s) number provided by the electronic RF detector console is documented in the OR record.
10. In the event an incorrect number of sponges are found in the package, the entire package will be removed from the sterile field and removed from the surgical count. If the incorrect package is discovered before a patient has arrived in the OR room, the package may be taken out of the room and discarded. If the incorrect package is opened after a patient has arrived in the OR room, the discrepancy will be noted on the package and the package isolated away from the sterile field. These sponges will not be included in the total counts.
11. Non-radiopaque gauze dressing materials are either withheld from the field until the wound is closed/procedure completed or kept separate from the counted sponges in an isolated sterile area.
12. Counted sponges will not be used as postoperative dressing. In emergency circumstances, if sponges are intentionally used as packing and the patient leaves the OR with the packing in place, the number and type of sponges retained, and the reason should be documented on the operative record. When removing the

packing upon returning to the OR, the counted sponges are reconciled, bagged, labeled and isolated from the field with documentation in the operative record.

## SHARPS/MISCELLANEOUS COUNTS

1. Sharps and miscellaneous items are counted on all cases. Any item that has the potential to be lost within a body space must be counted. These include all needles used within the sterile field, scalpel blades, and electrosurgical tips and bovie sheathes. The following are examples that are considered miscellaneous items and must be counted at the same time as sharps: vessel loops, suture boots, umbilical tape, bulldogs, scratch pads, suture reels, vessel cannulas, vessel inserts, clip cartridges, weck-cel sponges, D-help, scalpfx clips. This list is not all-encompassing as items change and evolve over time. Whenever additional needles/sharps/miscellaneous items are added to the field, they are counted at the time and recorded as part of the count by the RN circulator on a count board in the OR room.
2. The RN circulator and scrub person count all sharps/miscellaneous items in the OR room at the following times:
    a. Prior to the beginning of the procedure as a baseline.
    b. At the time closure of a deep or large incision or body cavity begins (i.e., uterus, bladder, pericardium, hip capsule).
    c. When skin closure is started or immediately before completion of the surgical procedure.
    d. With permanent change of either RN circulator or scrub person.
    e. If a discrepancy is suspected.
3. Sharps/miscellaneous items should be counted according to the number marked on the package and verified by the scrub person when the package is opened.
4. All counted sharps/miscellaneous items will remain within the OR room and/or sterile field.
5. Sharps/miscellaneous items broken during a procedure are accounted for in their entirety.
6. Sharps shall be contained in a puncture resistant, disposable, suture needle-count device.
7. If the needle count device becomes full, a count is completed, and the device is handed off the sterile field. The RN Circulator notes the number of suture needles in the needle device and marks the needles as “removed from the field” on the count board. The full, closed needle count device is placed in full view of OR team until the case is completed.

## INSTRUMENT COUNTS

1. Instrument counts are performed when the risk exists for a retained instrument in a body cavity (ie, thorax, abdomen, pelvis). A baseline instrument count should be performed when there is a possibility of an incision being extended to allow for a much more extensive procedure than initiated (e.g., laparoscopic cholecystectomy could convert to an open procedure).
2. For procedures in which there is a risk for a retained instrument, the RN circulator and scrub person will participate at minimum in the initial baseline instrument count, the cavity-closing count and final count. In addition, any permanent change in either RN circulator or scrub person will require an additional count.
3. Counts of an instrument-countable procedure should be performed and documented in the operative record:
    a. Before the procedure to establish a baseline.
    b. When new instruments are added to the sterile field.
    c. At the time that closure of the body cavity begins (i.e., uterus, bladder, pericardium).
    d. At the end of the procedure when counted items are no longer in use.
    e. At the time of permanent relief of RN circulator or scrub, even if direct visualization of all items is not possible.
    f. If a discrepancy is suspected.

4. For non-instrument-countable procedures, the scrub person should visually review instrumentation prior to the beginning of the procedure and again at the end of the procedure for missing instruments/instrument pieces.
5. All counted instruments should remain within the OR room until all counts are completed and reconciled. Count sheets are included in instrument sets. Instruments found to be missing from a set should be indicated and communicated to staff in the OR room using the count board and count sheets and this information should be relayed to the Sterile Processing Department staff for correction.
6. Instruments broken or disassembled during a procedure must be accounted for in their entirety. Place broken instrument in a Ziplock bag and tag with a defective instrument tag. Place on top of case cart with a description of what is defective, date, and initials of person reporting the defect.

| **Approved by:** | | **Review/Revision Date:** |
|---|---|---|
| /s/<br>Michelle Mallett, MSN, RN, CNOR<br>Director of Surgical Services | Date | 7/2002<br>7/2005<br>2/2006<br>12/2006<br>7/2007<br>10/2007<br>6/10/2008<br>1/2009<br>6/2009<br>8/2012<br>2.1.16<br>8/1/2019<br>12/2/2022 |
| /s/<br>Kurt Kless, MSN, MBA, RN, NE-BC<br>Chief Nursing Officer/CNO | Date | |
| Review: Policy & Standard Committee, 8/12, 2/16, 8/19, 12/22<br>Revision Completed By: Ronni Zona, RN, BSN, CNOR<br>Perioperative Nurse Educator | | **Next Review Date:** 12/2025 |
| **Policies Superseded by This Policy:** 4-02 | | |

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*