

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: V-100 SPONGE, SHARPS AND INSTRUMENT COUNTS	POLICY #: 1196
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 06/28/2016	

PURPOSE: To provide guidance to the perioperative team in preventing retained surgical items (RSI) in patients undergoing surgical procedures.

POLICY: The consistent multidisciplinary approach for preventing RSIs, described below, will be used during all surgical procedures.

PROCEDURE:

I. GENERAL PRINCIPLES

- A. A baseline count of all sponges, sharps and miscellaneous items must be performed prior to the initial incision.
- B. An initial instrument count will be done on all procedures in which the likelihood exists that an instrument could be retained.
- C. Items must be counted audibly, with the scrub person and RN circulator concurrently viewing each item as it is counted.
- D. Count results will be reported verbally to surgeon at the completion of the cavity count (if applicable), closing count and final count.
- E. Any individual that observes an item dropped from the surgical field is to immediately inform the RN circulator and other members of the perioperative team.
- F. Any perioperative team member who assists the team by opening sterile items must:
 1. Count the items with the scrub technician
 2. Add the counted items to the count documentation
 3. Promptly inform the RN circulator about what was added
- G. Unnecessary activity and distractions are to be curtailed during the counting process.
- H. The scrub person will continually assess the condition of sharps and/or other items and verify they are intact when returned from the operative site. If a broken or separated item is returned from the operative site, the scrub person will immediately notify the perioperative team.

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II. SPONGE COUNT (SURGICAL SOFT GOODS):

Sponge refers to but not limited to:

- Lap Sponges
- 4x8 Sponges (Ray-tech)
- Tonsil Sponges
- P-nuts/Rosebuds
- Cottonoids

A. Sponges opened onto the sterile field will be accounted for as follows:

1. Before the procedure to establish a baseline
2. When additional sponges are added to the sterile field
3. Prior to closure of a cavity (cavity count)
4. When wound closure begins (closing count)
5. At skin closure or end of procedure (finale count)
6. At the time of the relief of the scrub person and /or RN circulator

B. All sponges used during a surgical procedure will be x-ray detectable. Sponges must be left in their original configuration and not cut.

C. Sponges will be completely separated, counted audibly and viewed concurrently by both the scrub person and the RN circulator

D. All counted sponges must remain within the OR and /or sterile field during the procedure. Linen or waste containers will not be removed from the OR until all counts are completed and resolved.

E. Only non-x-ray detectable sponges are to be used as dressings. Counted sponges are not to be used as post-operative packing.

F. Sponges should be contained in a receptacle (kick bucket) or placed in a sponge counter bags to ensure appropriate infection control, ease of counting and a safe disposal at the end of the case.

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- G. Packages containing an incorrect number of radiopaque sponges or sponges with a manufacturing defect will be removed from the field, bagged, labeled, isolated from the rest of the radiopaque sponges in the OR and excluded from the count.

III. SHARPS COUNT:

Sharps include but not limited to:

- Free Needles
- All automatic needles
- Hypodermic Needles
- Cautery Blades,
- Safety pins
- Blades

A. Sharps opened onto the sterile field will be accounted for as follows:

1. Before the procedure to establish a baseline
2. When additional sharps are added to the sterile field
3. Prior to closure of a cavity (cavity closing)
4. Before wound closure begins (closing count)
5. At skin closure or end of procedure (finale count)
6. At the time of the relief of the scrub person and/or RN circulator

B. Sharp counts should begin at the surgical site and the immediate surrounding area, proceed to the Mayo stand and back table, and end with sharps that have been discarded from the field.

C. Suture needles will be counted when the package is opened, verified by the scrub person and recorded by the RN circulator.

D. The scrub person should continually maintain an accurate account of all sharps on the sterile field. When possible, sharps are handed to the surgeon on an exchange basis.

E. Members of the surgical team must account for sharps, which were broken during a procedure, in their entirety.

F. All counted sharps must remain within the OR and/or sterile field during the procedure. Linen or waste containers should not be removed from the OR until all counts are completed and resolved.

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G. Used needles/sharps on the sterile field will be kept in a disposable, puncture resistant needle container, size of sharp permitting. At the completion of the case the container is to be closed and disposed in the sharps container.

H. All sharps will be accounted for and properly disposed at the conclusion of case.

IV. INSTRUMENTS:

- A. An initial instrument count will be done on all procedures in which the likelihood exists that an instrument could be retained, as follows:
1. Before the procedure, to establish a baseline and for accuracy of the enclosed pre-printed instrument list.
 2. When additional instruments are added to the sterile field.
 3. Before wound closure begins, if the location is such that an instrument would be left in the patient.
 4. At the time of a relief of the scrub person and/or circulating RN.
- B. All counted instruments must remain within the OR and/or sterile field during the procedure. They are not to be removed from the OR until all counts are completed and resolved.
- C. Particular attention must be given to instruments with multiple parts. Members of the surgical team must account for all parts of a broken or disassembled instrument in its entirety.

V. MISCELLANEOUS ITEMS:

Miscellaneous items include but not limited to:

- Umbilical Tape
- Vessel Loops
- Suture Reels
- Bulldogs

A. All Miscellaneous items must be counted separately on each case.

B. Only those miscellaneous item(s) that are x-ray detectable may be used on the sterile operative field.

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VI. INCORRECT COUNTS:

If a count is incorrect, the following steps must be followed:

- A. The surgeon shall be notified immediately.
- B. Every attempt must be made to locate missing item, i.e., thoroughly check trash, drapes, linen, floor, surgical field, kick bucket, etc. If unable to locate missing item, notify nursing supervisor.
- C. If unable to resolve incorrect count, an x-ray must be taken prior to the patient leaving the OR suite.
- D. The X-ray must be read by the surgeon, or by a Radiologist with report given to the surgeon, prior to the patient leaving the OR suite.
- E. The results of the search will be documented in the medical record.
- F. Surgical Team and the patient remain in the OR until item is found or it is determined with certainty not to be in the patient.
- G. The RN circulator will complete a Safety Intelligence (SI) report and notify the Nursing Manager or designee.

VII. DOCUMENTATION:

Sponge, sharps, and instrument counts must be documented on the patient's Intraoperative record. Documentation of counts will include, but is not be limited to, the following:

- A. Names and titles of personnel performing the counts
- B. Results of surgical counts
- C. Notification of surgeon
- D. Actions taken if count discrepancies occur
- E. The outcomes of actions taken to resolve any discrepancy

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REFERENCES:

AORN Standards and Recommended Practices for Perioperative Nursing 2016

Ambulatory Surgery Principles and Practices

DHS Expected Practices, Accounting Surgical Items, 5/9/2013

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