



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### OPERATING ROOM

## POLICY AND PROCEDURE

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**SUBJECT:** SPONGE, SHARP AND INSTRUMENT COUNTS

**Policy No.:** OR54  
**Supersedes:** ALL  
**Revised Date:** 08/15  
**Page:** 1 of 2

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#### **Policy Statements:**

An accounting of all sponges, sharps and instruments used during a surgical procedure will be completed as delineated in the following procedure. Counts are performed to account for items and to ensure that the patient is not injured as a result of a retained foreign body.

#### **Purpose of Procedure:**

Provide procedural steps to follow to assist perioperative personnel in the performance of sponge, sharp and instrument counts in the Operating Room to assure an accurate accounting of sponges, sharps and instruments used during a surgical procedure.

**Performed by:** RN, Surgical Technician

#### **Procedural Steps:**

1. Sharps and related miscellaneous items (e.g. Vessel loops, umbilical tapes, peanuts, hypodermic needles, bovie tip, penrose, cautery tip and scratch pad) must be counted on all procedures.
2. Sponges and instruments will be counted on all procedures in which the likeliness exists that a sponge can be retained.
3. The circulating nurse and the scrub personnel will count the sponges, sharps and instruments (if necessary). The circulating nurse writes the total numbers of sponges and sharps on the count board in the room. The instruments are counted on the instrument count sheet.

**KEY POINT:** All sponges used during a surgical procedure should be x-ray detectable. Radiopaque indicators facilitate locating an item presumed lost or left in the patient when a count discrepancy occurs.

4. Counts must be taken:
  - Before the procedure to establish a baseline.
  - Before closure of a cavity within a cavity
  - Before wound closure begins
  - At skin closure or end of procedure
  - At time of relief of either scrub person or the circulating nurse.
5. If the closure of the cavity/wound is at the time of shift change starting personnel will remain in the OR and complete the counts and surgical procedure. Staff will remain in the OR until final count is completed, documents are signed and dressings are applied. Permanent relief of staff is to occur no later than 30 minutes prior to end of shift. Starting and relieving staff will participate in all counts.

6. Added sponges and sharps will be added to the number on the board
7. Counts must be performed in the same sequence each time.
  - Surgical site and the immediate surrounding area
  - Mayo stand
  - Back table
  - Saline warmer
  - Sponge holder
  - Sponge trash receptacle
  - Area where items have been discarded from the field.
8. Sponges must be separated, counted audibly, and concurrently viewed during the count procedure by the scrub person and the circulating RN.
9. As sponges are removed from the field, they will be placed in sponge holding bag and counted.
10. When the sponge holding bag is full, both the scrub personnel and the circulating nurse visually verify the count, the sponge bag is closed and placed in one location in the room, and not removed until the patient leaves the room.
11. If a sharp or instrument is removed from the field, it will also be placed in one location in the room.  
**KEY POINT:** Maintaining a continuous count during the procedure expedites closure at the end of the procedure.
12. Procedures where loaner instruments are used, such as total joint and spine procedures, an X-ray will be taken at the end of the procedure and the results will be reviewed by the operating surgeon.
13. Packing and sponges intentionally left in the patient will be verbally acknowledged by the surgical team. Location, type of sponge/packing and total number will be documented on the Web Periop Documentation.
14. Anytime anyone places a foreign object in the surgical site, a **“formal announcement”** will be made to all surgical staff present. Furthermore it shall be noted on the count sheet including the amount and type of foreign object.
15. If a medical device or instrument breaks or fragments, all efforts should be made to retrieve all parts. The device and its parts should be removed from the field. The charge nurse/nurse manager should be notified and the device shall be sequestered.
16. If any count is incorrect:
  - a. The surgeon will be informed immediately.
  - b. The charge nurse is notified as soon as possible and assistance is requested to locate the missing item.
17. If unable to locate the missing item, the circulating nurse will again notify the surgeon and an X-ray will be ordered.
18. If the operating surgeon cannot see any retained objects on x-ray, a radiologist will provide STAT interpretation of the films prior to closing the incision.
19. The circulating nurse will initiate an Event Report.

20. Documentation:
- a. Correct counts will be documented on the Web Periop Documentation and signed by the circulating nurse and scrub personnel.  
**Key Point:** Only staff performing the count will sign the documentation on the operative record. Staff is not to sign for others.
  - b. If the count is incorrect, the circulating nurse documents the following information on the Web Periop Documentation.
    - 1. Incorrect count
    - 2. Surgeon notified
    - 3. X-ray taken of operative area and results  
**Key Point:** C-Arm is not to be substituted for x-ray
    - 4. Name of radiologist interpreting film

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**Revised By:**

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**Reference:**

AORN Standards, Recommended Practices and Guidelines 2014: Recommended practices for sponge, sharp, and instrument counts.

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05/06 – Revised  
09/08 – Revised  
04/10 – Revised  
12/12 - Revised  
11/14 – Revised  
08/15 - Revised