

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
ANGIOGRAPHY SUITE/CARDIOLOGY DIVISION
POLICY & PROCEDURE
PACEMAKER/AICD IMPLANTATION

NUMBER: 1919
VERSION: 1

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

PURPOSE: To provide accountability for sponge, sharps, instruments and other supplies used on the sterile field during surgical procedures. Accurate counts ensure perioperative patient safety.

DEPARTMENTS: All

POLICY:

- A. A current verification of sponge and sharp counts by two people must be performed on all surgical procedures:
 - 1. A baseline count of all sponges, sharps and miscellaneous items must be performed prior to patient arrival in the surgical suite and initial incision.
 - 2. An instrument count will be done anytime the thoracic, abdominal or retroperitoneal cavities are opened. Exception: Laparoscopy and Thoracoscopy.

- B. Subsequent sponge/needle/instrument count(s) must be taken:
 - 1. Additional items added to the sterile field.
 - 2. Before closure of any deep or large incision or body cavity.
 - 3. After closure of any body cavity.
 - 4. At the time of permanent relief of scrub and/or circulating person(s).
 - 5. Immediately before the completion of the surgical procedure.

- C. The first (peritoneum) and second (skin) closing counts are to be documented on the perioperative record by the circulator and scrub nurse/technician.

- D. Items must be counted audibly with the scrub and circulating nurse concurrently viewing each item as it is counted.

PROCEDURE(S): **I. SPONGE, NEEDLE AND INSTRUMENT COUNTS**

- A. **SPONGES, including:**
 - Lap sponges
 - 4x8 sponges (Ray-tech)

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- Tonsil sponges
 - P-nuts/Rosebuds
 - Cottonoids
1. Count all sponges, separate and examine for any defects, i.e., missing parts, lint, etc.
 2. Use only x-ray detectable sponges on mayo stand and back table until incision closed and final count completed.
 3. All packing/sponge gauze used for packing during a surgical procedure must be x-ray detectable with a portion of the packing left visible and tagged throughout the surgical procedure.
 4. Do not remove counted sponges from the operating room until final count is completed.
 5. Report count status verbally to surgeon after count is completed.
 6. Sponges used on all surgical procedures must **never** be cut or altered in any way.
 7. Only non-x-ray detectable sponges are to be used for dressings.
 8. Sponges should be contained in a receptacle (kick bucket), or placed in a sponge counter bags to ensure appropriate infection control, ease in counting a safe disposal.

B. SHARPS, including:

- Free needles
 - Retention needles
 - Blades
 - General Closure Needles
 - Gastro-intestinal Needles
 - Safety Pins
 - Hypodermic Needles
 - Vascular Needles
 - Cautery blades
1. All sharps must be counted separately according to category.
 2. Suture needles should be handed to the surgeon on an exchange basis only.
 3. Suture needle packages should be opened and counted according to the number marked on the outer package, and verified by two people when the package is opened.
 4. A tally of needles at the operative site should be

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maintained.

5. Sharps broken during a procedure must be accounted for in their entirety.
6. A magnetic needle pad must be utilized on all surgical procedures containing sharps.
7. Sharps must be disposed of properly in the red sharp containers in each operating room suite only after a correct final count.

C. INSTRUMENTS [*only required when the thoracic, abdominal or retro peritoneal cavities are opened, this will only be performed in an extreme emergency in the Cardiology Angiography Suite]

1. The instrument count is performed by cardiologist and circulating nurse concurrently utilizing the instrument list (“recipe”), which accompanies each tray. Additional or missing instruments must be noted and recorded in the operative suite.
2. Instruments with removable parts, disassembled or broken during a procedure must be accounted for in their entirety.

D. MISCELLANEOUS ITEMS:

- Umbilical Tape (2/pack)
- Vessel Loops (2/pack)
- Bulldogs
- Suture Reels
- Other (ANY ITEMS (S) USED ON SURGICAL FIELD)
 1. All miscellaneous items must be counted separately on each case.
 2. Any miscellaneous item(s) that is not x-ray detectable should never be used on the mayo stand, or at the operative site.

II. INCORRECT COUNTS

A. The following steps must be followed:

1. The cardiologist must immediately be notified on an incorrect closing count.
2. Every attempt must be made to locate missing item, i.e., thoroughly check trash, drapes, linen, floor, etc. If unable to locate missing item, notify nursing supervisor.
3. If unable to resolve incorrect count, per hospital policy, an x-ray **must** be taken prior to patient leaving the O.R. suite.
4. X-ray to rule out any retained surgical item must be read by the surgeon, or by a Radiologist with report given to the surgeon.
5. An event Notification form must be completed and submitted to supervisor prior to end of the work shift.

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References:

2008 AORN Standards and Recommended Practices

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