Category:	PROVISION OF CARE
Subject:	**C**OUNTS

Purpose: To ensure accurate counts intra-operatively.

Policy : This policy details the practice in the OR at UMMC. The policy is based on the AORN recommended practice for sponge, sharp, and instrument counts with the exception of instrument counts. Instrument counts are NOT performed in the OR because UMMC has zero incidences of retained instruments and matches the community practice.

Consideration: Whenever there is an incorrect closing or final count a mandatory search of the wound, surgical field, floor, trash and linen is performed. If the missing item is not found an X-ray is taken. The surgeon has the discretion to use his/her clinical judgment to determine if a retained object identified by X-ray is retrieved in consideration of the circumstance and the best interests of the patient.

For unresolved counts:

- The surgeon or his/her designee discloses to the patient or the appropriate patient representative the incorrect unresolved count or possible retained object in accordance with Fairview's Communication/Disclosure Policy.
- The surgeon documents the incorrect count or possible retained object in the operative report and documents the disclosure conversation in the medical record.

Procedure:

1. Procedures in which counts are conducted:
   a. Counts are conducted for all procedures in which counted items are opened. All sponges used during these procedures are X-ray detectable.
   b. Uncounted sponges (e.g.: gauze dressings) are not opened on the field until the final count of the last procedure site is complete and reconciled. (Do not open dressing packages in custom packs.)
2. Baseline Count
   The baseline count is recorded on a grease board by the circulating nurse. Then, as counted items are added to the field, the tally on the grease board is amended to reflect additional items. All counted items on the field are included in the baseline count. There is a separate baseline count for bench tables used for transplants recorded on grease board as Bench count.
3. When to count:
   a. At the beginning of each case, a complete count is conducted in order to establish the baseline count. Items added to the field during the case are counted and added to the baseline count.
   b. When closing a cavity within a cavity such as uterus, bladder, bowel or stomach

c. Just before or at the start of closing the first layer
d. At the start of closure of the final layer (usually skin)
e. When multiple procedures involving multiple sites are performed, a separate count is conducted and documented for each site. All counted items are kept in the OR until all procedures are completed.
f. At the time of permanent relief of the scrub person or circulating nurse
g. Whenever requested by a member of the surgical team. These counts are considered an accounting of items on the field not an official count and would normally not be recorded.

4. Who counts:
   a. All counts are conducted by the scrub person and the circulating nurse who is an RN.
   b. Preferably, all counts are conducted by staff assigned to the case. In the event that a count is conducted by staff assisting with the case set up, an entire baseline count is completed by the same two staff and documented on the OR nursing record.
5. What to count:
   The following items are counted **in the following order: all radiopaque sponges, sharps, and other** in the baseline count (see 6a 1-4) and in all subsequent counts.
   a. All radiopaque sponges—including 4x8s, Kittner dissectors, peanuts, cottonoids, cotton balls, throatpacks, laps, baby laps and tonsil sponges.
   b. All sharps: Blades, needles, hypodermic needles, cautery tips (all), Lone Star stays, heparin needles
   c. Other: suture boots, shods, ligaclip cartridges, vascular (Fogertys) inserts, vessel loops, scleral plugs, scleral shields, scratch pads, bulldogs (plastic and metal), umbilical tapes, Heifitz clips, cannulas, Penrose drains, Weck Cell spears, and twill tapes.
6. How to count:
   Both the scrub person and the circulating nurse **count out loud and directly view** each counted item (except needles: see #5). When counting sponges both persons directly view the radiopaque marker. Special handling instructions for the baseline and intra-operative counts follow.
   a. <u>Baseline count</u>
      1. Sponges. All sponges used during these procedures are X-ray detectable. When counting the radiopaque marker for 4x8s, first the scrub person breaks the tape closest to the radiopaque strip. Then the 4x8s are held by the bottom 1/3 and counted by separating the top 2/3 of each sponge in the 4x8 pack.
      2. Laps. The tape is broken and the laps separated while counting. Hold the pack in one hand, place one sponge at a time on back table while viewing the radiopaque marker.
      *Note: If the count of a package of 4x8's or laps is incorrect (i.e. if there are not 10 or five sponges in the package) then, the entire package and its contents are isolated from the field and removed from the OR.
      3. Blades. Open packages and view each blade.
      4. Needles. Suture needles are counted according to the number marked on the outer package and multi packs are verified by the scrub person and circulating nurse when the package is opened.

b. Intra-operative modifications to the baseline count

1. As counted items are handed off the field, they are subtracted from the tally on the grease board.

2. When counting off used sponges during the case, both the circulator and scrub must visualize the items **and** the binding together of like sponges in sets of 5 or 10 (as originally packaged) and placement in a red bag. If counting bags are used, only 10 sponges or 5 laps are placed in the pockets. When 10 sponges or 5 laps have been place in the counter, the circulator and the scrub visualize and count each item. The counter bag is rolled up and placed in a red bag. All non-sharp countables are contained and disposed of in red bags (i.e. cottonoids, vessel loops).

3. Throat packs. Whenever a throat pack is placed in or removed from a patient, the person placing or removing the throat pack verbally announces the action. Placement and removal of the throat pack is documented on the grease board, the anesthesia record and the OR nursing record. The documentation includes time in and time out.

4. Bench counts (U Campus). The resident or fellow assisting with bench procedures counts with the circulator before leaving the bench table to account for needles and shods. A final bench count will be performed between the scrub and circulating nurse after the organ has been implanted.

c. Closing and final counts

The closing and final counts begin at the surgical site and immediate surrounding area, proceed to the mayo stand and back table, and then to items discarded from the field.

7. Counted items are not cut or altered in any way. If a counted item is cut or altered in any way all parts of the item are accounted for and removed from the field. Report this to subsequent caregivers and/or document on the greaseboard.
8. Counted items are not removed from the OR while the case is in progress. Linen and trash containers are not removed from the OR until all counts are completed and reconciled and the patient leaves the room. A counted item found outside the room is not used to correct the count, as it cannot be guaranteed that the item is from that OR. Once the patient leaves the OR all counted items are removed from the OR.

**Note: Accounting for and disposing of all counted items at the end of the procedure clean-up helps to avoid potential incorrect counts on subsequent procedures.

9. Documenting Counts. All baseline and closing counts are documented on the OR nursing record.
10. Incorrect Closing Count. If, during the closing counts, there are any discrepancies between the number of the items counted and the number on the grease board, the count is considered incorrect and the following steps are taken:

a. The surgeon is notified immediately. **This is considered a "Time out for patient safety."**

b. A recount is conducted.

c. If the item is still missing after the recount, the scrub team searches the wound, drapes, field, mayo stand, and the back table. At the same time, the circulating nurse searches the sponge count bag, all trash, linen, floor and all items that have been previously counted off the field.
d. If the item is located in this search, a complete recount is conducted and a correct count documented.
e. If the item is not located in this search, the circulating nurse calls for an X-ray. The X-ray is read within 15 minutes by a radiologist prior to the patient leaving the OR.
f. An I Care report is completed for all unresolved incorrect counts and forwarded together with the room record to the respective AHN/ANM or NM.
g. The circulating nurse documents the following items on the OR nursing record: (i) the incorrect count; (ii) all steps taken to resolve the count, including the X-ray results and the name of the radiologists who read the X-ray; and (iii) the name of the surgeon who was notified that the count is incorrect.

11. When the wound is packed open:
    a. The circulating nurse documents on the OR nursing record in the 2nd post op count "wound packed open" and under the packing category, the type and quantity of dressing sponges that were used to pack the wound. When the patient returns to the OR for final wound closure an X-ray is taken to assure that all sponges have been accounted for.
    b. X-ray detectable sponges are not cut or altered in any way or used for dressings
    or packing.
    *Note: In the unusual event when a surgeon specifically requests that X-ray detectable sponges are to be used for packing the circulating nurse records the type and number of sponges on the OR nursing record.
    c. An I Care report is NOT completed.

Regulatory/External References	AORN
Internal References	
Source	POS Nursing & Medical Leadership
Approved By	OR Committee
Date Effective	10/00
Date Revised	5/01, 8/01, 12/01, 11/03, 1/05
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