

South Eastman Health/Santé Sud-Est Inc.

•	No:	SC-INTRA005
Approved By: Executive Management Committee	Source: Regional Client Care Manual Category: Surgical Care	
New/Replaces:  Date Approved: May 15, 2001  Reviewed: Revised:	Subject:	Sponge, Needle and Instrument Count

### **POLICY**

All surgical supplies will be accounted for after the completion of a surgical procedure.

# **PROCEDURE**

- 1. Sponge, needle, blades and nibs, and instrument counts will be conducted whenever entering a body cavity.
- 2. Counts are done four times:
  - At the time of wrapping prior to sterilization
  - Just before surgery, by the circulating and scrub nurses
  - At closure, by the circulating and scrub nurses of first layer.
  - At closure of skin (sponges, needles, blades and ribs only).
  - Additional count in procedure involving a cavity within a cavity e.g., C-sections, hysterectomy.
- 3. The circulating and scrub nurses count audibly.
- 4. The circulating nurse records the number of sponges, needles and instruments on the <u>Intraoperative Count Sheet.</u>
- 5. The circulating nurse records and reports the results of the final count on the Operative Record and the Intraoperative Count Sheet.
- 6. Specific to type of count: depending on nature of procedure.
- a) <u>SPONGE</u>
  - 1. Count all sponges used on the sterile field.

- 2. Separate each sponge or flat for counting.
- 3. Radiopaque all sponges used in surgery and not to be left in the wound after closure.
- 4. Clip instruments onto lap sponges or packs when they are placed in the abdominal cavity.
- 5. Discard sponges into plastic lined floor kick bucket.
- 6. Discard flats into rectangular basin in operative field.
- 7. Ensure counted sponges do not leave the O.R.
- 8. Ensure radiopaque sponges are not used as dressings.
- 9. Give sponges to the surgeon one at a time, on an exchange basis.
- 10. Attach radiopaque flats and peanuts to an instrument when used in a body cavity.
- 11. Arrange sponges to allow rapid and easy count at closure (Circulating Nurse).

### b) <u>NEEDLE</u>

- 1. Count all needles on the surgical set-up.
- 2. Count multipacked needles as each package is opened by both the scrub and circulating nurse.
- 3. Ensure all needles are mounted on a needle driver, sealed in packages, on a magnet or pinned in a towel to prevent loose needles.
- 4. Ensure there are no needles on the Mayo stand.
- 5. Secure used needles on a towel, or a needle counter.
- 6. Account for broken needles in their entirety.
- 7. Hand needles to the surgeon on an exchange basis.
- 8. Ensure needles are not taken from the OR during the procedure.
- 9. Count needles during the procedure (Scrub Nurse).

#### c) SUTURE REELS

1. Use and count radiopaque reels.

#### d) INSTRUMENT

- 1. Place the following instruments on a towel on a table for final count: (circulator)
  - a. All instruments that fall on the floor.
  - b. Instruments that are removed from the operative field with the specimen.
- 2. Ensure Mayo stand and table are kept tidy by grouping instruments as to kind.
- 3. Dry and return countable instruments from the splash basin to the Mayo.
- 4. Ensure instruments are not left on top of the patient.
- 5. Remove all instruments from the area about the incision while the surgeon inserts a pack.
- 6. Ensure all instruments received from the surgeon are intact such as blades on scalpels, screws on retractors and tips on vein strippers.

# 7. <u>MANAGEMENT OF MISCOUNTS</u>

- a) Take appropriate actions, before a patient is allowed to leave the OR, when a count is incorrect.
  - 1. Recount
  - 2. Notify surgeon.
  - 3. Search garbage, laundry and drapes.
  - 4. X-ray patient. Ensure the surgeon signs the Incident Report if he/she refuses the x-ray. The surgeon is responsible for retrieval /nonretreival
  - 5. Complete Incident Report.
  - 6. Notify Manager.
- b) Take appropriate actions where a count is not performed (Stat Emergency).
  - 1. Keep track of items so as not to further jeopardize the patient (Scrub Nurse).
  - 2. Notify surgeon if count is not done.
  - 3. Document on the Intraoperative Nurses Record.

### 8. <u>DOCUMENTATION</u>

- a) Record all items on the count sheet (reverse of <u>Intraoperative Nurses Record</u> as they are counted.
- b) Use initial additions if other than circulator adding items.
- c) Check off items being counted in final count.
- d) Record results of final count on <u>Intraoperative Nurses Record</u> and <u>OR Record</u> (Circulating Nurse).
- e) Report (audibly) the results to the surgeon (Circulating Nurse).
- f) Sign the Count Sheet at the end of the case (Circulating and Scrub Nurses).