Regional Health Authority
Central Manitoba Inc.
Office régional de la santé
du Centre du Manitoba inc.

POLICY NUMBER:	**NS-1704.000**
ISSUING AUTHORITY:	**Surgical Care Team**
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SUBJECT: **SURGICAL COUNT POLICY**

BOARD POLICY REFERENCE:

Executive Limitations (EL – 01) Global Executive restraint & Risk Management
Executive Limitations (EL – 02) Treatment of Clients
Executive Limitations (EL – 03) Treatment of Staff

POLICY:

The purpose of this policy is to ensure a consistent process for surgical counts within Central RHA also to ensure the surgical count is correct and all counted items are accounted for.

DEFINITIONS:

Surgical count is a defined method for accounting for items put onto the sterile field for use during the surgical procedure (Phillips, 2004) (p. 461).

Ligature is a strand of material that is tied around a blood vessel to manually occlude the lumen and prevent bleeding (Phillips, 2004) (P. 534). The Reels containing the ligature are counted.

Sponges are materials such as gauze, pads or patties, with a radiopaque component, used on the surgical field for absorbing blood and fluids, protecting tissues, applying pressure or traction, and dissecting tissue (Phillips, 2004) (P. 462).

Instrument is a surgical tool or device designed to perform a specific function, such as cutting, dissecting, grasping, holding, retracting or suturing (ORNAC, 2004) (Module 2, p. 6).

Endoscopic seals are devices that form a seal around or inside instruments used by the surgeons to perform endoscopic surgery. Seals prevent rapid escape of gas that is being used to expand the body cavity (Rothrock, 2003) (p. 46).

The surgical field is an area immediately around a patient that has been prepared for a surgical procedure, including the scrubbed team members, the furniture and fixtures (ORNAC 2003) (Module 2, p. 8).

Superficial surgical procedures: defined as situated on or near the surface of the body.

Designated miscellaneous items, examples include: Cautery pencils, vessel clamps, scalpel blades, hypodermic needles and caps; safety pins; delicate instrument tip protectors; syringes; vesi loops; clip cartridges; wing nuts, screws, cautery tip cleaner. For laproscopic equipment, caps, flaps, and rings are counted.

PROCEDURE:

1. The count shall be the responsibility of the scrub personnel and the circulating perioperative Registered Nurse(s)

2. The scrub personnel shall be aware of all counted items throughout the operative procedure and be involved in all parts of the count

3. Counts shall be performed by two people, one whom is a Registered Nurse.

4. A count of all sponges, needles, suture reels, blades and designates miscellaneous items shall be performed for all procedures except those cases defined as clearly superficial. (Ie: tip protectors, clip cartridges, small endoscopic parts, cautery pencils screws, hernia tapes, trocar sealing caps, O rings, springs, scraper/scratch pads or any other small item)

5. Count shall be done:
   - 5.1 Prior to the commencement of surgery
   - 5.2 At the first layer of closure
   - 5.3 At skin closure (instruments do not require recounting at skin closure)
   - 5.4 An additional count of sponges, sharps and suture reels and designated miscellaneous items shall be done prior to closure of a cavity within a cavity, ie: closure of the uterus in a Cesarean Section, and vaginal vault following a Hysterectomy.
   - 5.5 A full instrument count shall be completed if the likelihood exists that an instrument could be retained in a surgical site
   - 5.6 A full count should be done at the time of permanent relief of the scrub and or circulating nurse
   - 5.7 During changeover, when the situation does not allow visualization, those items should be documented on the count sheet

6. All items shall be visually observed & audibly counted concurrently by the scrub and the circulating nurse.

7. Items can be recounted at the request of the scrub or circulating nurse at any time during the procedure.

8. If there is no scrub person, the circulating nurse shall count with the surgeon and both shall sign the count sheet.

9. The scrub person and circulating nurse shall account for all pieces of broken items. The surgeon shall view all pieces of the broken items.

10. Results of all counts shall be announced audibly to the surgeon. The RN shall receive verbal acknowledgement from the surgeon.

11. If the necessity of a complete preoperative count is questionable, the count is done in its entirety. The count required at closure will be determined by the surgery performed.

12. Any packages containing incorrect numbers of items shall be removed from the theatre immediately.

Management Of Sponges:

- Each type and size of sponge shall be kept separate from other types
- Sponges shall be separated and counted audibility twice at initial count and as dispensed. Laparotomy sponges with tapes /tags shall be pull- tested to verify security.
- A surgical sponge shall not be used as a wound dressing
- Only radiopaque sponges shall be used in surgery
- Sponges used for surgery shall not be cut during the procedure
- All counted sponges intentionally left in the patient as packing at the end of surgery shall be radiopaque. The type and number of sponges shall be documented. When packing is removed in the theatre the type and number shall be documented on removal. The packing shall be confined, contained, labeled and segregated from other sponges in the theatre.
- If towels are used to protect the viscera or as a packing they shall be single use, radiopaque, counted and shall be documented. The scrub nurse shall audibly notify the circulating perioperative Registered Nurse that a towel has been inserted.

- Small sponges such as peanuts, pushers, dissectors, knitters and gauze shall be attached to an instrument when used in a body cavity.

- Patients returning to the operating room with radiopaque packing insitu:
  - Packing sponges will be removed by the surgeon, removed from the sterile field, bagged and identified as packing material.
  - Document the type and number of sponges removed from the wound on the interoperative record
  - If the surgical site is being permanently closed with no new packing material added an xray should be completed when the patient is prepared to leave the operating room.

Sharps

1. Suture needles should be counts according to the number marked on the outer package and verified by the scrub and circulating nurse when the package is opened.

2. Needles shall be counted initially, at the time of dispensing, and requires closure counts.

3. All needles on the set up shall be mounted on a needle driver, sealed in packages, or confined on a needle counter

4. All segments of broken needles shall be accounted for.

5. Needles should be handed to the surgeon on an exchanges basis using a hand free technique. If the surgical procedure does not allow for needle exchange, the scrub nurse should keep account of all needles on the field and retrieve them as soon as possible.

6. If a glove is punctured with a needle, the glove, needle and the needle driver shall be removed from the sterile field. Blood should be removed from the hand before regloving. If injury has occurred follow the heath care facilities Occupational Heath protocols.

Instruments

1. Instruments shall be counted, if appropriate for the procedure, by the scrub person, and circulating nurse

2. Instruments should be inspected to ensure that all parts are present and functional. Instruments that are broken or dissembled during the procedure shall be accounted for in their entirety

3. All instruments having component parts shall be counted in a consistent manner.

4. Instruments shall not be removed from the theatre prior to the final count

Sequence Of Surgical Counts:

1. The recommended sequence of surgical counts is sponges, sharps, miscellaneous items and instruments.

2. Items should remain together until the initial count is done

3. Interruptions during a count should not occur. If an interruption occurs, the count shall be resumed at the end of the last recorded item.

4. All items should be recorded when they are counted, before proceeding to the next item.

5. Articles given to the scrub nurse during the procedure shall be immediately counted, recorded, and initialed on the count sheet.

6. Once count is initiated, items shall not be removed from the theater, including garbage & laundry. Until the final count is completed.

7. Needles that have fallen to the floor or have been removed from the sterile field shall be clearly displayed for both the scrub and circulating nurse.

8. At closure the recommended sequence of surgical counts is: sponges, sharps, miscellaneous items, and instruments starting from the sterile field to the mayo stand, to the back table and then any item removed from the sterile field.

9. If more than one surgical instrument set is required, a separate count sheet shall be used for each set up. Items from one set shall not be exchanged from one set to another.

10. The final count shall not be confirmed with the Surgeon until the last operative procedure is completed.

11. When performing bilateral procedures counts shall be completed at each incision closure.

12. Items are counted audibly, and viewed concurrently by both individuals as they are separated and counted.

13. Results of all counts shall be announced audibly to the Surgeon. The Circulating Preoperative Registered Nurse shall receive verbal acknowledgment from the surgeon.

14. If an incision is re opened after the final count, the closure count shall be repeated and documented as a re-closure.

15. In an emergency when an initial count is not performed, the scrub nurse shall attempt to count the items. The circulating nurse shall:
    - Document on the periopertative record the reason an initial count was not performed and the action taken at completion of the procedure
    - Notify appropriate management
    - Arrange for an x-ray at completion of surgery, prior to the patient leaving the operating theatre, if patient status permits. If surgeon refuses x-ray document on the clinical record.
    - Complete an incident report.

16. All items shall be counted at least once.

Minimally Invasive Surgeries (MIS) Requirements:

1. The sponges, needles, sutures, blades, designated miscellaneous items, and instruments (includes endoscopic and non endoscopic instruments), shall be counted initially.

2. If the procedure remains endoscopic (i.e. does not convert to open procedure) only a final count of sponges, needles, suture reels, blades and designated miscellaneous items is required.

3. If the care of the patient requires more than one surgical instrument set, a separate count sheet shall be used for each set up.

4. Only radiopaque sponges will be used for minimally invasive procedures.

Preoperative Count Requirements:

1. The scrub person shall direct the initial count.

2. A preoperative count of all items and instruments on the sterile field shall be completed for surgical procedures involving the following:
    - peritoneal and retroperitoneal cavity
    - thoracic cavity
    - pelvic cavity
    - any procedure where an instrument may be retained

3. Count all parts of dissembled instruments

Intra-Operative Count Requirements:

1. All counted items shall be recorded as they are added to the field.

2. If an instrument must be removed from the theatre, it shall be documented on the count sheet.

3. Used sponges shall be counted off the field in units of issue.

4. Counting sequence shall be followed consistently as determined by health care facility procedure.

5. The circulating nurse shall direct closing count(s).

Closing Count Requirements:

1. All nurses involved in the count shall sign the count record

2. Any counted item added to the sterile field following completion of the final count shall be documented on the count sheet.

3. Should the surgeon refuse to take a x-ray in a situation where a count is not completed or is incorrect, the surgeon shall assume responsibility

4. If an incision is re-opened after the final count, the closing count shall be repeated and documented.

5. In the event of a death, if a pre-op count was performed, then a closing count shall also be completed.

Incorrect Counts

If a miscount occurs:

- notify the surgeon
- recount
- search the floor, garbage, laundry, drapes
- notify the appropriate manager/designate
- In consultation with surgeon arrange for an x-ray at the completion of the procedure and prior to the patients leaving the Operating Theatre (if the patient's status permits). If the surgeon refuses the x-ray, document on the clinical record;
- document the appropriate x-ray results if known;
- record the incorrect count on the count sheet, and document actions taken;
- complete an occurrence report;
- record the incorrect count on the count sheet, and document actions taken on the clinical record and document actions taken.

Documentation Requirements:

1. An OR Count sheet shall be used to record the count and will become a permanent record on the patient's chart.

2. The signatures on the count sheet shall be in the handwriting of the persons doing the count.

3. The perioperative circulating Registered Nurse is responsible to confirm that all personnel involved in the surgical count have signed the perioperative record.

4. When sterile surgical items are added to the surgical field, during a procedure the Circulating nurse shall document the items.

5. Additions to the count, by individuals other than those performing the initial count, shall be initialed and signed.

6. When a sponge is left in for packing it shall be documented as a pack as per facility procedure.

7. All items removed from the count shall be checked off.

8. The results of the count shall be recorded on the patient record.

IMPORTANT POINTS TO CONSIDER:

1. All surgical suites within Central RHA facilities shall follow the Surgical Count Policy

2. The surgical count is a shared responsibility of the scrub person, circulating nurse and surgeon

3. A count of sponges, needles, ligature reels, and designated miscellaneous items shall be performed for all procedures, except for the cases clearly defined as superficial. Please see NS-E00.305 "Surgical Count Procedure List".

4. Once a count is initiated, counted items shall not be removed from the theatre unless documented on the count sheet.

DOCUMENTATION:

NS-E00.305 Surgical Count Procedure List

REFERENCES:

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