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Owner: Anne Eerkes: Mgr Operating Room Unit
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Sharps, Soft Goods (sponges) and Instrument Count, 88.09.00

Document Type: Policy, Procedure

PURPOSE:

To employ and maintain a process to prevent "Retained Surgical Item" (RSI) events in surgical and invasive procedures by accounting for all surgical items in a predictable and systematic method known to all team members and practiced consistently.

POLICY:

A consistent, multidisciplinary approach for preventing RSIs should be used during all surgical and invasive procedures. Retained surgical items may include, but not limited to soft goods (lap sponges, raytec sponges, towels, textiles), sharps, instruments, and miscellaneous items such as cautery tips, defogger sponge, loops, kittners, boots, bulldogs, scalpels, hypo needles, and other items subject to potentially being retained.

Counting process principles include the following:

- Baseline counts are performed prior to the beginning of all cases.
 - Counts should include items subject to potential retention within the guidelines of this document. A visible and typically written record should be established for subsequent reference. This may be a board visible to the team in the room, a clipboard with amounts recorded, pre-printed count sheets from instrument trays with columns to record initial counts, etc.
- Items opened and added to the sterile field will be audibly and concurrently counted by the scrub and a RN. The count will be immediately added to the written records to minimize disruptions and failure to record.
- Radiopaque soft goods (e.g., sponges) opened onto the sterile field should be immediately counted, visibly recorded, and accounted for during all procedures. All sponges/gauze used during the surgical procedure will be X-ray detectable and should not be cut. If circumstances require cutting/altering of a counted item, an additional count should be initiated to provide for that increase in items and recorded. Initiation of counts is the responsibility of all team members.
 - If any soft good, specifically those without radiopaque strips, are purposefully placed in a wound, it must be announced to the team, recorded on the board as "in" and when removed, announced as "out" and erased from the board. Examples of this would include: raytec in an acetabulum, towels in

abdomen, etc.

- Sharps shall be handled in a similar fashion.
- Miscellaneous items such as: cautery tips, defogger sponge, loops, kittners, boots, bulldogs, scalpels, hypo needles, and other items subject to potentially being retained should be counted.
- Instruments should be counted in all procedures in which the likelihood exists that an instrument could be retained in abdomen, chest, and pelvis.
- All linen and garbage should be left in the OR suite until counts are reconciled.
- To maintain a predictable method of ensuring all items are included in the count process, counts will be performed from the sterile field out in the following progression, audibly and concurrently between the scrub and RN.
 - Operative site (sterile field)
 - Mayo stand
 - Back table
 - Items handed off

NOTE: If any disruptions occur during the count process of any components, it must start from the beginning of the disrupted component. For example, if the sponges are counted and reconciled, but during the sharps count, the scrub gets interrupted, the count process will resume at the beginning of the sharps count only.

- Subsequent and closure counts are initiated as described below. Both the scrub and a RN must observe the items and reconcile the results to the current baseline count. The following is the order of counting:
 - before closure of a cavity within a cavity (i.e. the uterus during a C-Section),
 - before wound closure begins
 - at skin closure or end of the procedure, and
 - at the time of permanent relief of either the scrub person or circulating nurse.

NOTE: In addition to these recommended counts, additional counts can be initiated and performed at the discretion of the scrub, RN circulator or surgeon or any team member during the procedure.
- In the event of an incorrect or *unreconciled* count, the surgeon is notified, a recount is taken, a search is made for the missing item. If not found, an x-ray will be taken before the patient leaves the OR suite.
 - Images are provided on either digital or portable films. C-arm can be utilized as a third option.
 - The surgeon will read and verbally confirm x-ray verifies no counted item seen. This will be dictated in the operative report.
 - The Radiologist will provide an over read with a report in the record.

NOTE: if the unreconciled count is due to an "overage," reconciliation is still required.

- Rationale: If "over" the question remains "what else is not correct?"

Criteria for High Risk situations requiring radiologic imaging post-op:

- Emergent Cases, or unexpected change in procedure, (Chest, Abdomen and Pelvis) when a pre-operative count was not possible.
- BMI greater than 35 for *open cases (Chest, abdomen, pelvis only)*
- Unexpected change in procedure- closed case to an open case.
- A diagnostic image will be at the Surgeon's discretion for the following criteria:
 - Multiple surgical teams
 - Shift changes
 - Blood loss greater than expected.

Exceptions to post-op radiologic imaging:

- C-Sections meeting BMI criteria when a pre-surgery count is performed

- Anterior Lumbar Spinal Fusion – The instrument count will be waived due to the inordinate number of instruments to verify.
 - A C-arm x-ray sweep will be done at closure for instrument count verification and read by the surgeon.
 - The surgeon will review the x-ray, verbally confirm no instrument seen and dictate that result in operative report.
 - The RN will document result in the record as stated by surgeon
- Open Heart procedures meeting BMI criteria, **only** when transferred immediately to ICU bed and post-op tube placement imaging is performed. An additional note on the radiology request should state BMI criteria met for x-ray and to investigate for potential retained surgical item.
- Any laparoscopic or Robotic (DaVinci) cases: When passing any routinely *counted item* through the trocar, the person performing this motion will announce "(specific item) _____ in, _____ out" each and every time. This applies to a soft good, sharps, etc. with corresponding language.
 - This alerts all team member of this action and affirms its removal. It specifically alerts the surgeon while on the console who has an inherent limited visual field

Attachments

No Attachments

Approval Signatures

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Applicability

WA - Kadlec Regional Medical Center