CLINICAL PRACTICE GUIDELINE

Surgical Count: management and procedure

This document should be read in conjunction with the Disclaimer

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Aim
To ensure that items used during an operative procedure are accounted for and removed from the patient unless retained intentionally as part of the procedure. Accountable items are instruments and other items, which by their nature are at risk of being retained in the patient and require mandatory documentation.

Key Points
1. Two nurses shall perform the surgical count, one of them whom shall be a registered nurse.
   For dental cases, the OCHWA nurse must perform the count with a Registered Nurse.

2. The instrument and circulating nurse carry primary responsibility for the management of accountable items and therefore should not be hindered in the process of accounting for items. They shall conduct the count in such a way that minimises risk of unintentionally retaining products.

3. All members of the operating team shall collaborate to ensure all items are accounted for and documented.

4. Whenever possible the same two nurses retain responsibility for all surgical counts during a procedure.

5. Minimum of two (2) surgical counts (initial and surgery/procedure completion) shall be performed whenever accountable items are used. The surgical count must be performed
   - Immediately prior to the commencement of the surgical procedure
   - Disposable item count at the commencement of organ closure e.g. uterus
   - Commencement of the closure of a cavity
   - Completion of skin closure

6. Any accountable disposable item(s) must be added on to the count sheet page 2/4 of MR325.

7. The instrument nurse shall not act as a surgical assistant in operative procedures where a body cavity is opened. (see emergency count procedure)

8. When accountable items are deliberately retained in the patient, the number retained shall be documented in the allocated space on the count sheet. The total in the final count column shall be minus the number of the item(s) retained. The removal of the item(s) at a later time must be documented on the subsequent count sheet and the total number reflected in the final count column.
9. If an accountable item is dropped or contaminated prior to the initial count, it is not included in the count and the item and its packaging shall be removed from the operating room immediately. Accountable items that are dropped or contaminated after the initial count shall be included in the count and the item(s) and its packaging shall be retained in the operating room.

10. Accountable items shall remain in their original packaging (if present) and instruments on their pins until counted, except in an emergency. The pins and packaging can be retained on the sterile field if the instrument nurse desires to aid in tracking of countable items.

11. Suture packets need to be opened so the needle can be seen by both nurses. The suture packet may be retained by the instrument nurse and can be counted when a suture discrepancy is noted.

12. The count shall be recommenced should any interruption occur.

13. The count must be repeated if there is any doubt by either nurse.

14. If a mistake is made on the count sheet, place a single line through the mistake and initial above the mistake.

15. If there is an incorrect number of packs or raytec in a newly opened packet the entire packet shall be -
   - removed from the operative field
   - bagged and sealed
   - marked appropriately
   - placed to one side
   - not included in the count
   - not removed from the operating room while the procedure is in progress
   - give packaging to area manager for company follow up at the completion of the case

16. All items must remain in the operating room until the procedure is completed and both disposable items and instrument counts have been performed and are correct.

17. If a needle or instrument is broken, ensure all pieces are retrieved. If all pieces cannot be retrieved, notify surgeon and floor coordinator who will contact radiology. Document on Theatre Management System (TMS) and DATIX Clinical Information Management System (CIMS).

18. Dressing material shall not be added to sterile field until immediately prior to commencement of the final count.

19. All bins / rubbish bags must be emptied / changed from the theatre at the completion of each case (excluding scrub area).
Count Procedure

1. Both nurses shall count out loud. The count must be audible to both nurses.

2. Each accountable item shall be separated during the count procedure.

3. Packs and raytec shall be counted into separate groups of five (5) or as per original packaging, however counting on is permitted and a total number documented in initial count column. For example, 1 2 3 4 5, 6 7 8 9 10, 11 12 13 14 15. Initial count recorded as 15.

4. Packs and raytec must be counted onto a separate place with the x-ray strip clearly identified, until proven in number and may then be added onto previous bundle.

5. A full count (disposable items and instruments) must be completed and documented on count sheet and instrument tray lists prior to surgery/procedure start.

6. A full count (disposable and instruments) must be completed at the commencement of each cavity closure and documented. i.e. at peritoneum / sheath and skin.

7. A disposable item count at uterus must be performed and documented on the count sheet.

8. The circulating nurse informs the instrument nurse when count is correct.

9. The instrument nurse must then inform the surgeon that the count is correct.

10. The instrument nurse must obtain the surgeons acknowledgement of notification of each count.

11. At completion of surgery/procedure, the nurses must complete the count sheet with signature, printed name and designation. The count sheet should not be signed before the completion of the procedure.

12. The surgeon should also sign the completed count sheet in the allocated space.

CHECKING INSTRUMENT TRAY LISTS

1. An instrument inventory will be contained in each sterile instrument tray and titled “HSSD Instrument List”. This list is checked and signed by the sterilising technician prior to sterilisation.

2. The HSSD Instrument Tray List will accompany the tray post operatively and be retained by HSSD for a period of one (1) week to ensure final processing
is correct. The HSSD Instrument Tray List will then be discarded into the confidential waste by HSSD staff.

3. The circulating nurse records the date, theatre number, patients UMRN and the instrument and circulating nurses initial the HSSD Instrument Tray List.

4. The Instrument Tray List shall be permanently retained in the patient’s medical record. This list must be dated, labelled with patient sticker, completed and signed by the instrument and circulating nurse(s).

5. Any instruments added during the procedure must be added in the appropriate columns to the Instrument Tray List to be retained in the medical record. Instruments not already on the list must be added to a new line.

6. The HSSD Instrument Tray List does not require each additional instrument added but must reflect the total number added at the completion of the procedure. The total number of instruments on the HSSD Instrument Tray List and the Instrument Tray List should be identical (in number and type of instrument) at the completion of the procedure.

**NO COUNT REQUIRED**

1. If a procedure is done where no count is required, mark diagonally across the count sheet “no count required” and both nurses sign count sheet as usual e.g. Pudendal nerve injection, EUA sigmoidoscopy

**Emergency Count Procedure**

1. In extreme emergencies only, a case may commence without the completion of a full count. Blades, raytec and packs MUST be counted prior to commencing. As soon as practicable the surgeon must be notified that a complete count has not been performed. At the earliest convenience a complete count must be performed.

2. An instrument nurse can act as a surgical assistant in an emergency. The surgeon must allow the nurse to complete the count at the earliest convenience.

3. Instrument pins and packaging can be removed before a complete count in emergency situations.

4. ACORN recommends an X-ray of the surgical site at completion of procedure when an emergency case is started prior to a complete count being performed. The radiology results should be filed in the patient’s medical record for future reference.
Counting away Procedure

1. This is a technique that can be used to manage large quantities of disposable items and/or instruments.

2. The counting away of x-ray detectable swab, sponges, and peanuts shall be performed following infection control and occupational health and safety principles.

3. Contaminated disposable accountable items shall be kept in a separate receptacle on the sterile field until they can be counted away in multiples of five (5) or ten (10), or as original packaging.

4. Items must be opened out and counted by the instrument nurse and circulating nurse out loud and then counted again as placed into bags. The bag is tied off.

5. The bagged items must remain in clear view of the instrument nurse at all times during the procedure to allow for accurate count management.

6. Large numbers of instruments can also be counted away e.g. Bookwalter. The instruments need to be counted out loud by both nurses and the tray/trolley can be pushed aside. The instruments must be kept sterile as standby if required.

7. Counted away instruments must be documented on the instrument tray list as “counted away” and the number of instruments written in the appropriate count column.

PERMANENT changeover counts

1. The purpose of a changeover count is to permanently replace the instrument nurse, circulating nurse, or both.

2. The Count sheet, page 4/4 can be used:
   (i) As an extended count sheet
   (ii) As a changeover count sheet
   (iii) In a new procedure on the same patient

3. A changeover count should only be performed when all accountable items are able to be visualised by the incoming team.

4. A changeover count is permitted in the following circumstances with the surgeons permission:
   o Prolonged surgery
   o A count member becomes ill or is required to leave due to a personal emergency
The instrument nurse’s level of experience is inadequate for complications that arise
If two nurses performing the count are likely to be kept on duty after their rostered shift finishes and a competent staff member to relieve them
Occupational Health concerns arise

5. In the event of a changeover count occurring the following process will be undertaken:
- The changeover count is to be performed at an appropriate time, accommodating both surgical and anaesthetic requirements
- The time of the changeover count is documented on the count sheet
- All accountable items are counted by both teams simultaneously and recorded on the count sheet
- The initial circulating nurse shall document the final count on the count sheet.
- The incoming circulating nurse shall document the initial count in the initial count column on page 4/4 of the count sheet
- Record the names of all nurses on the corresponding count sheet and TMS

TEMPORARY CHANGEOVER

1. The purpose of a temporary changeover is to relieve the instrument or circulating nurse when occupational health and safety concerns arise
   - If the scrub nurse has not had a meal break within 5.5 hours from commencing duties
2. The circulating nurse shall relieve the instrument nurse if relief is required
3. Ensure that one nurse is involved in the surgical count is in theatre at all times.
4. Should the instrument or circulating nurse need to be relieved temporarily the names of the names of the relieving nurses must be legibly documented on the count sheet and in the TMS
5. The relief instrument nurse may remain in the role of the instrument nurse after discussion with the primary instrument nurse on return.

DISCREPANCY IN THE COUNT

1. When a discrepancy in the count has been identified the following process must be followed:
   - The discrepancy must be reported to the surgeon immediately
   - The instrument nurse shall perform a thorough search of the sterile field
   - The circulating nurse shall search the operating room, including the rubbish, clinical waste, linen bags and specimen containers.
   - Counted off bagged items must be opened and counted again.
o If not found, inform the co-ordinator who will contact radiology for an x-ray prior to the patient leaving theatre. The decision to reopen the patient remains the decision of the operating surgeon.

o If the item is not located it must be documented on the:
  (i) Count sheet
  (ii) Theatre Management System (TMS)
  (iii) DATIX CIMS

References

ACORN Standards for Peri-operative Nursing. 2012. The Australian College of Operating Room Nurses Ltd. Adelaide


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