

Is your count correct?

By Yuri Fayngersh, MSN, RN, CNOR

An unintentional retained foreign body occurs one in every 5,500 surgeries across the United States.¹ To ensure a correct count of sponges, instruments, and sharps requires an interdisciplinary team approach from nurses, surgical technicians, anesthesia providers, and surgeons. Here are some tips for keeping counts correct and patient care safe.

Count all sponges and instruments on procedures in which a sponge or an instrument could be retained.^{2,3} Count sharps and hospital-designated miscellaneous items on *all* procedures.² Examples of miscellaneous items are cautery tips and cautery scratch pads. Perform at least three counts in the same sequence each time, starting at the surgical field, progressing to the back table, and finally off the field.² The counted items should be separated, counted audibly, and concurrently viewed by the RN circulator and one other person.² Place used counted sponges in a pocketed bag for visualization when performing second and final counts. Use only X-ray-detectable sponges and towels during surgical procedures.² If a discrepancy in count occurs, an X-ray can locate the missing item.

All counted sponges, sharps, and instruments should remain in the OR during the procedure until all counts are completed.² This reduces the possibility of a count discrepancy. Should a discrepancy occur, follow these steps:

- Report the discrepancy to the surgeon and surgical team.
- Stop the procedure if the patient's condition permits.
- Manually inspect the surgical site for the lost item and visually inspect the operative field as well as the surrounding area (floor, kick buckets, linen, and trash containers).
- Take an intraoperative X-ray, if the patient's condition permits, and have a radiologist read it before the patient leaves the OR.³ Note that small needles (17 mm or less) may not be detectable on an X-ray.²
- Document all measures taken and the outcomes of actions taken.

- Follow your facility's policies and procedures to report the incident.

Accounting for all the foreign objects that enter the patient's body is essential to avoiding foreign body retention. The surgical team must know where foreign objects are at any point during the surgical procedure, and all surgical team members must visualize and match the total number of sponges that went into and came out of the patient, and be accountable for making sure that the final count is correct. The number on the count record must match the number of sponges that are in the sponge counter bags at the time of second and final counts.^{2,4}

Surgeons must perform a methodical wound exam while the nurses perform the closing count. Anesthesia providers and circulating RNs must practice situational awareness and make sure that sponges that aren't X-ray-detectable are disposed of in separate receptacles.⁴ The routine use of radiography before the patient leaves the OR should be considered as an adjunct for all high-risk patients (for example, bariatric patients) or during high-risk situations such as emergency procedures.^{2,3}

Standardizing procedures and team accountability can improve patient safety by reducing the risk of a retained foreign body. **OR**

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