



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Operating Room		
Document:	Internal Policy and Procedure		
Title:	Surgical Count		
Applies To:	All Surgeon and Operating Room Nurse		
Preparation Date:	January 05, 2025	Index No:	OR-IPP-016
Approval Date:	January 19, 2025	Version :	5
Effective Date:	February 19, 2025	Replacement No.:	OR-DPP-016(4)
Review Date:	February 19, 2028	No. of Pages:	4

1. PURPOSE:

- 1.1 To systematically and accurately account for sponges and sharps used during a surgical procedure.
- 1.2 To prevent any retain of foreign body in any part of patient's body cavity that may cause physical injury, wound infection and disruption of wound healing.

2. DEFINITIONS:

- 2.1 **Surgical Count** – a method of a counting procedure for items put on sterile table for use during an operation. Sponge, sharps and instrument counts are taken on every procedure performed in Operating Room.

3. POLICY:

- 3.1 Sponges including cotton, peanuts, dissector, 4x4 radiopaque gauze sponges and laparotomy sponges will be counted on all procedure in which the likelihood exists that a sponge could be retained.
- 3.2 Sharps including suture, needles, injection needles and scalpel blades will be counted on all procedure.
- 3.3 Instrument are counted for all procedures.
- 3.4 The surgical count procedure must be counted audibly and viewed concurrently by the circulating nurse and the scrub nurse.
- 3.5 Surgical count must be completed before the commencement of surgery, at the closure of any cavity and prior to skin closure.
- 3.6 The counting of surgical count during surgery will begin from the operative site followed by mayo tray, scrub nurse trolley and lastly the area that has been passed of the sterile field (kick bucket).
- 3.7 Counted items removed from the sterile field must remain in the room and are retained for visibility of the count procedure and avoid any discrepancy.
- 3.8 All lines hampers and waste receptacles and their contents remain in the operating room until the final count is completed.
- 3.9 If a package of sponges, blades, or needles is found to have an incorrect number of the items, they will be handed off the field, marked as incorrect and isolated. Do not use them during the case.
- 3.10 Surgical count sheet should be documented for all cases requiring surgical procedure.
- 3.11 A separate count is required to be carried out for surgical cases of more than one procedure performed in the same patients at the same time. Documentation is required in a separate count sheet.
- 3.12 A complete surgical count must be carried out when a change over by other personnel takes place and documented in Surgical Count Sheet.
- 3.13 A separate bucket for swabs and another receptacle for waste are required. Swabs and waste materials cannot be mixed in the same container.
- 3.14 The surgical count must be audible and visible and concurrently viewed during the count procedure.
- 3.15 The names of all personnel involved in the surgery to be documented in the Surgical Count Sheet.
- 3.16 The Scrub Nurse will inform surgeon on all surgical count and surgeon must acknowledge that he heard and understood.
- 3.17 Surgical counts shall be performed according to the following:
 - 3.17.1 First Count – before incision made.
 - 3.17.2 Second Count – when a cavity is being closed (e.g. Peritoneal, Pleural).

- 3.17.3 Final Count – as wound closure begins.
- 3.17.4 Additional counts:
 - 3.17.4.1 Whenever a hollow organ (e.g. uterus) is opened, an additional count is to be completed as the organ is closed.
 - 3.17.4.2 If the retroperitoneum is opened, an additional count is completed as the retroperitoneum is closed.
 - 3.17.4.3 When bilateral procedure is performed, a separate count is taken for each side.
 - 3.17.4.4 When either the scrub person or the circulating nurse is relieved, a count is taken by the relieving person(s). When sponge are packed in the wound at the time of the relief count, that fact should be indicated on the record (e.g. 12 lap sponges counted, 3 packed in the wound).
 - 3.17.4.5 When a patient is brought back to the operating room with retained sponges in a non-emergent situation, an x – ray will be done at the closing count to ensure all retained sponges have been removed.
 - 3.17.4.6 When a member of a surgical team requests an interim count.
 - 3.17.4.7 When sponges and/or sharps are added to the field, the additional items will be counted and recorded as additions.
- 3.18 If a sponge must be cut for use, all piece must be retained for the final count.
- 3.19 Sponges may be weighed for estimated blood loss:
 - 3.19.1 When blood soaked sponges are weighed, the reading on the scale equals the blood loss; 1g equals 1ml.
 - 3.19.2 Bagged sponges to be weighed on scale which has been reset to zero.
 - 3.19.3 The weight of a group of sponges exceed the scale, these sponges may be weighed separately following the same procedure.
- 3.20 Count must be repeated if any interruption occurs during the counting procedures.
- 3.21 Gauze is issued only upon completeness of final count.

4. PROCEDURE:

- 4.1 Conduct the surgical Count with two members of staff, one of whom is a registered nurse.
- 4.2 Retain responsibility for the surgical count throughout the procedure.
- 4.3 Conduct a handover count with incoming staff should it be necessary to replace the original staff.
- 4.4 Ensure that the names of person responsible for the count are documented on the count record.
- 4.5 Conduct an initial count of all accountable items prior to the commencement of the surgical procedure.
- 4.6 Ensure that accountable items added during a procedure are recorded on the account record.
- 4.7 Conduct a count of all accountable items prior to the closure of any body cavity, or wound.
- 4.8 Ensure that any accountable items intentionally left in the body are documented on the count record.
- 4.9 Ensure all accountable items remain within the operating room until the final count has been deemed correct.
- 4.10 Ensure that all linen and waste bins remain within the operating room until the final count has been deemed to be correct.
- 4.11 Conduct a final count of all accountable items at skin closure.
- 4.12 Report and receive acknowledgement of the results of all counts from the surgeon.
- 4.13 Report discrepancies of any count to the surgeon and takes necessary steps to locate missing items.
- 4.14 Request x-ray of patient, condition permitting, if item cannot be located.
- 4.15 When a missing item cannot be detected by the x-ray note this on the count record.
- 4.16 Report discrepancy count to supervisor and documents subsequent action on an incident form.
- 4.17 Ensure that the persons responsible for the surgical count may sign the count record.
- 4.18 Ensure that all changes made to the count record are crossed with a single line, initialled and marked "error".
- 4.19 Adhere to standard precaution guidelines by counting off used swabs.
- 4.20 Document rationale for not performing counts in case of critically ill and emergency patients and orders an x-ray to be done at the earliest.
- 4.21 Document on count sheet any accountable items removed from the operating room during the procedure, e.g. when attached to specimen.

- 4.22 Determine necessity to use more than one separate count sheet.
 - 4.22.1 Use one count sheet when two, or more procedure is being performed simultaneously, even if multiple teams are involved, and identifies one person to be responsible for the count. A final count should be done of all items at skin closure.
 - 4.22.3 Use separate count sheet when one or more completed sequential procedure on the same patient with the same set up, but the room is not cleared between cases, and the final count from each procedure is transferred to the following count record sheet.
- 4.23 When more than one count sheet is required document the number of the count sheet and number of total count and sheets, e.g. 1-2, 2-2.
- 4.24 Does not act as first assistant when a major incision or body cavity opened.
- 4.25 Record on count sheet any accountable items removed during present case that was left in during a previous case such that the count record reflects the additional accountable item.
- 4.26 Document on the count sheet "counting not required" when no accountable items are used.

5. MATERIALS AND EQUIPMENT:

- 5.1 Swabs
- 5.2 Sharps
- 5.3 Surgical Instrument

6. RESPONSIBILITIES:

- 6.1 Circulating Nurse
- 6.2 Scrub Nurse
- 6.3 Surgeon

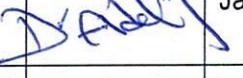
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia, Ministry of Health, Bisha General Hospital, 2018.

9. APPROVALS:

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