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PURPOSE:

1. To protect the patient by ensuring that no instrument is inadvertently retained in any body cavity during surgical intervention.
2. Provide a standardized guidelines on proper counting of all instruments used or unused in an operating procedure
3. Prevent incidence of missed counts

SCOPE:


RNs, Scrub Technicians, and Attendants

PERSON RESPONSIBLE:

Surgeon, Circulating Nurse, Scrub Technician


PROCEDURE GUIDELINES:

- 1 Instruments shall be counted.
- 2 Instruments shall be counted on all procedures that enter the abdominal or thoracic cavity.
 - 2.1 Pre-operatively, as initial or baseline count
 - 2.2 As additional items are added to the sterile field
 - 2.3 Before closure of any cavity within a cavity (example: uterus or bladder)
 - 2.4 Before closure of any deep or large incision
 - 2.5 At the completion of the surgical procedure
 - 2.6 During permanent relief of scrub person and/or circulating nurse
 - 2.7 When the surgery or circumstance indicates the need of a count
- 3 Instrument count may be omitted on the following types of cases UNLESS the procedure involves entering the abdominal or thoracic cavity:
 - 3.1 Plastic Surgeries
 - 3.2 Burns
 - 3.3 Ophthalmology


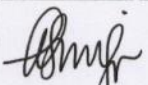

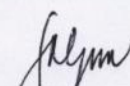
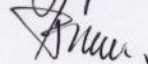
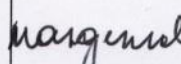
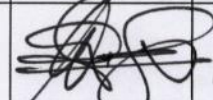
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- 3.4 Laparoscopic NOT CONVERTED to open
- 4 All instruments used in an operating procedure shall be packed and sterilized in the Sterilization and Reprocessing Section.
 - 5 Circulating nurse and scrub person shall simultaneously and audibly count instruments one by one
 - 6 Circulating nurse shall document and write his/her initials on each entry on the instrument count sheet immediately after counting
 - 7 Counted instruments that have been dropped or otherwise removed from the sterile field should be shown to the scrub person, isolated from the sterile field and retained in the operating suite until the final count is performed. Alternatively, the instrument/s may be decontaminated and sterilized for return to the sterile field.
 - 8 Instruments with multiple parts are accounted for in their entirety, as well as those broken during the procedure.
 - 9 All linen and waste containers should not be removed from the Surgical Suite until all counts are completed and resolved, and patient leaves the room.

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	VANESSA V. VERDE, RN Surgical Suites Head Nurse		09-22-21
Verified:	MARIA AGNES A. SARIEGO, RN, MN, FPCHA Surgical Complex Manager		9-28-2021
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		10-04-2021
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MN Nursing Service Division Officer		10-04-2021
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		10/4/2021
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		10-6-2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		10/23/2021


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PROCEDURE:


- 1 On pre-incision phase, scrub technician and circulating nurse should count the instruments one by one according to type (e.g. various types of forceps or scissors may be counted together).
- 2 Circulating nurse must record the initial count of instruments in order listed on the count sheet. Extra instruments may be written on this sheet.
- 3 During the procedure, the circulating nurse must immediately count, record, and indicate his/her initials for all added instruments.
- 4 On the closing phase, the scrub technician should gather all instruments used and unused, and count audibly together with the circulating nurse.
- 5 Circulating nurse should report count status to the surgical team.
- 6 In the event of incorrect and incomplete count:
 - 6.1 Scrub technician and circulating nurse must conduct a recount immediately
 - 6.2 Conduct a thorough search of the sterile field, mayo stand, back table and the surrounding area.
 - 6.3 Notify the surgeon of the missing instrument(s).
 - 6.4 Notify the charge nurse and/or head nurse.
 - 6.5 Request an order for x-ray from the surgeon and notify the Department of Imaging Sciences. Radiologist must read x-rays taken.

Note: X-ray may be taken in Surgical Suite, PACU or Critical Care Unit as surgeon specifies.
- 7 For unresolved incorrect count, Circulating Nurse and Scrub Technician files an incident report and signs the incorrect count on Sponge and Instrument Count Sheet.
- 8 Circulating Nurse provides a copy of accomplished Sponge and Instrument Count Sheet to the Central Sterilization Unit.


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REFERENCES:


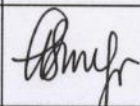


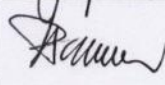
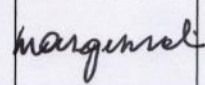

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KEY TASKS	PERSON RESPONSIBLE
<ol style="list-style-type: none"> Counts the instruments one by one according to type (e.g. various types of forceps or scissors may be counted together) on pre-incision phase. Gathers all instruments used and unused, and count audibly together with the circulating nurse on the closing phase. 	Scrub Technician
<ol style="list-style-type: none"> Records the initial count of instruments in order listed on the count sheet. Extra instruments may be written on this sheet. During the procedure, immediately counts, records, and indicates his/her initials for all added instruments. Reports count status to the surgical team. For unresolved incorrect count, files an incident report and sign the incorrect count on Sponge and Instrument Count Sheet. Provides a copy of accomplished Sponge and Instrument Count Sheet to the Central Sterilization Unit. 	Circulating nurse

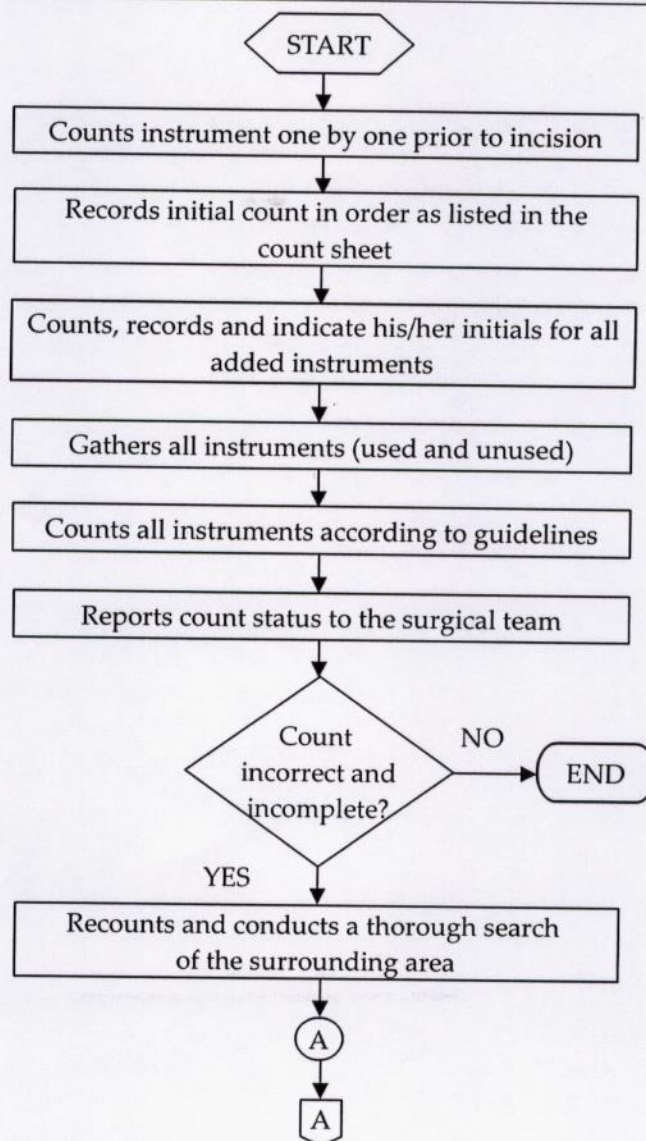
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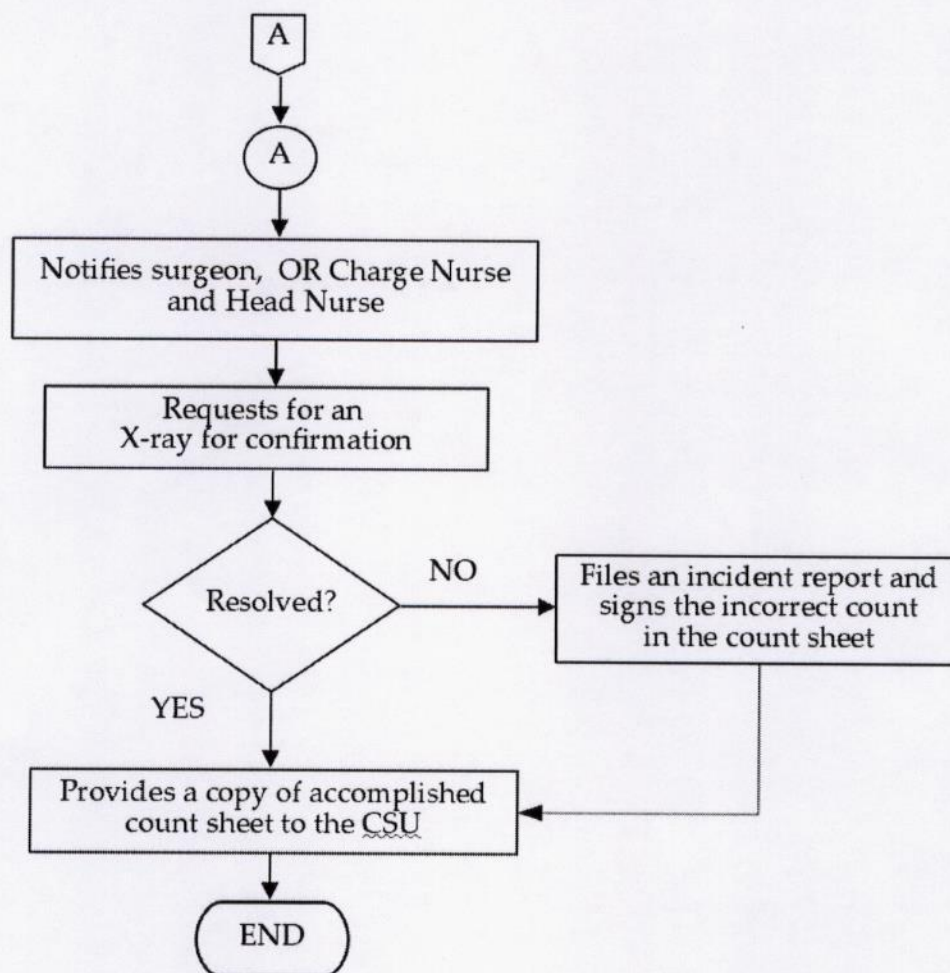
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FLOWCHART


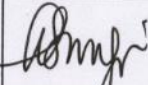

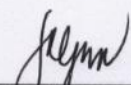
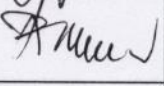
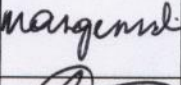
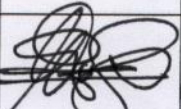


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