 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-38-P05-S04
	Effective Date:	09-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 5
	Department/Section:	Surgical Complex
	Document Title:	<b>SPONGE COUNT</b>

### **PURPOSE:**

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

### **SCOPE:**


Surgical Complex

### **PERSON RESPONSIBLE:**

Surgeon, Circulating Nurse and Scrub Technician


### **PROCEDURE GUIDELINES:**

1. Sponges shall be counted:
  - 1.1 Pre-operatively, as initial or baseline count
  - 1.2 As additional items are added to sterile field
  - 1.3 Before closure of any cavity within a cavity (example: uterus or bladder)
  - 1.4 Before closure of any deep or large incision
  - 1.5 At the completion of the surgical procedure
  - 1.6 During permanent relief of scrub person and/or circulating nurse
  - 1.7 When the surgery or circumstance indicates the need of a count
  - 1.8 All sponges used in the sterile field must be radiopaque.
2. Paper bands must be removed and counted separately on a sterile table away from counted sponges.
3. Scrub person and circulating nurse shall simultaneously and audibly count sponges one by one


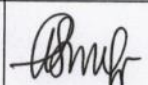

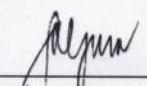
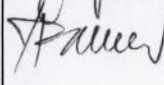
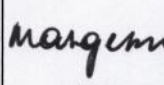
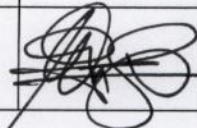
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	Document Type:	Standard Operating Procedure
	Page Number:	2 of 5
	Department/Section:	Surgical Complex
	Document Title:	<b>SPONGE COUNT</b>


4. Circulating nurse shall document and initial each entry on the sponge count sheet immediately after counting.
5. Used/soiled sponges shall be placed in the sponge counter area.
6. All linen or 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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	Page Number:	3 of 5
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**APPROVAL:**


	Name/Title	Signature	Date
Prepared by:	<b>VANESSA V. VERDE, RN</b> Surgical Suites Head Nurse		09.23.21
Verified:	<b>MARIA AGNES A. SARIEGO, RN, MN, FPCHA</b> Surgical Complex Manager		9-28-2021
Reviewed by:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		10-04-2021
Recommending Approval:	<b>MARIA LIZA C. PERAREN, RN, MN</b> Nursing Service Division Officer		10-04-2021
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		10/4/2021
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		10-6-2021
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		11/25/2021

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	Document Type:	Standard Operating Procedure
	Page Number:	4 of 5
	Department/Section:	Surgical Complex
	Document Title:	<b>SPONGE COUNT</b>

### **PROCEDURE:**

1. On pre-incision phase, scrub technician and circulating nurse count sponges one by one according its type.
2. Circulating nurse records the initial count of sponges in order listed on the sponge count sheet.
3. Scrub technician discards soiled sponges on designated sponge bucket.
4. Circulating nurse organizes soiled sponges according to type at the sponge counter area  
*Note: Always handle used sponges with forceps or gloved hands (See Infection Control Policy for Surgical Services)*
5. On closing phase, circulating nurse counts audibly together with the scrub technician following standard sequence for all closing counts:
  - 5.1. Surgical site
  - 5.2. Immediate surrounding area
  - 5.3. Mayo stand
  - 5.4. Back table
  - 5.5. Sponges that have been discarded from the field.
6. Circulating nurse reports count status to surgical team
7. In the event of incorrect and incomplete count:
  - 7.1. Scrub technician and circulating nurse recount immediately
  - 7.2. Conduct a thorough search of the sterile field, mayo stand, back table and the surrounding area.
  - 7.3. Notify surgeon of the missing sponge(s).
  - 7.4. Notify charge nurse and/or head nurse
  - 7.5. Request an order for x-ray from surgeon and notify Department of Imaging Sciences. Radiologist must read x-rays taken.  
*Note: X-ray may be taken in Surgical Suites, PACU or Critical Care Unit as surgeon specifies.*
8. For unresolved incorrect count, Circulating Nurse and Scrub Technician file an incident report and sign the incorrect count on Sponge and Instrument Count Sheet.



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2. Association of Surgical Technologists (2006). *Recommended Standard of Practice for Counts*. From [https://www.ast.org/uploadedFiles/Main\\_Site/Content/About\\_Us/Standard%20Counts.pdf](https://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Standard%20Counts.pdf)
3. Patient Safety World (2016). *AORN Updates Guideline to Prevent Retained Surgical Items*. From [https://www.patientsafetyworld.com/docs/February\\_2016\\_AORN\\_Updates\\_Guideline\\_to\\_Prevent\\_Retained\\_Surgical\\_Items.htm](https://www.patientsafetyworld.com/docs/February_2016_AORN_Updates_Guideline_to_Prevent_Retained_Surgical_Items.htm)

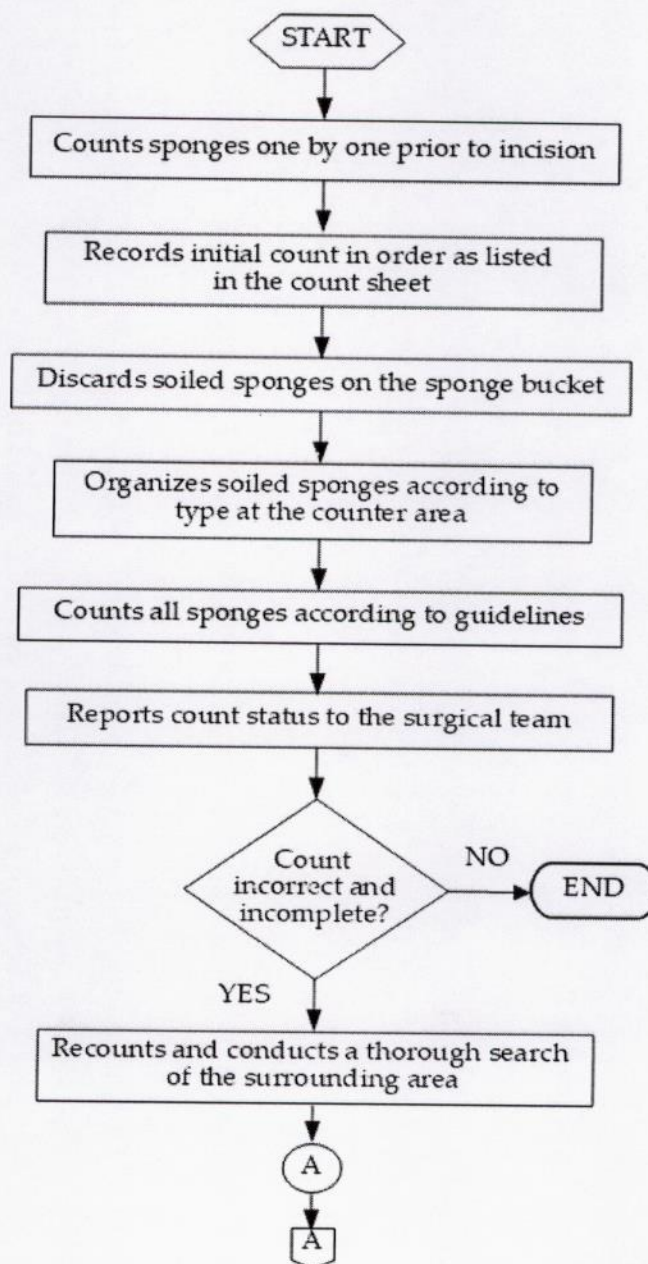


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Effective Date:	09-30-2021
Document Type:	Flowchart
Page Number:	1 of 3
Department/Section:	Surgical Complex
Document Title:	SPONGE COUNT

## FLOWCHART



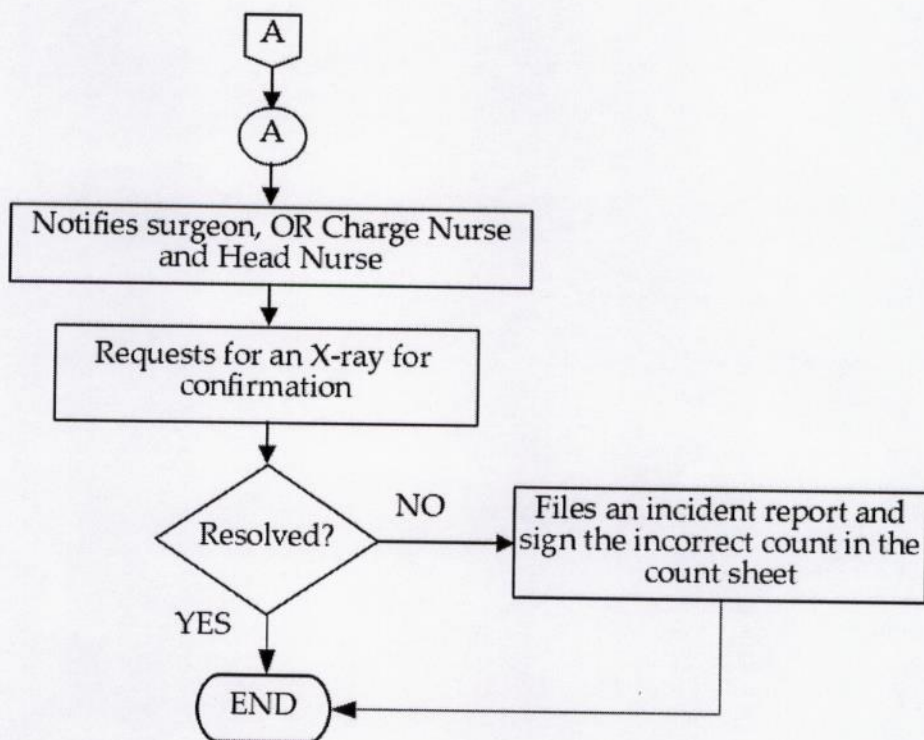





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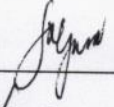
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Page Number:	2 of 3
Department/Section:	Surgical Complex
Document Title:	SPONGE COUNT




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**APPROVAL:**

	Name/Title	Signature	Date
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Verified:	<b>MARIA AGNES A. SARIEGO, RN, MN, FPCHA</b> Surgical Complex Manager		9-28-2021
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	Document Type:	Work Instruction
	Page Number:	1 of 2
	Department/Section:	Surgical Complex
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KEY TASKS	PERSON RESPONSIBLE
<ol style="list-style-type: none"> <li>Counts sponges one by one according its type, on pre-incision phase.</li> <li>Discards soiled sponges on designated sponge bucket.</li> <li>Files an incident report and sign the incorrect count on Sponge and Instrument Count Sheet, for unresolved incorrect count.</li> </ol>	Scrub Technician
<ol style="list-style-type: none"> <li>Records the initial count of sponges in order listed on the sponge count sheet.</li> <li>Organizes soiled sponges according to type at the sponge counter area.</li> <li>Counts audibly together with the scrub technician following standard sequence for all closing counts, On closing phase.</li> <li>Reports count status to surgical team.</li> </ol>	Circulating Nurse

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