**ANESTHESIA PROVIDERS**

| Action | Rationale |
|---|---|
| Separate surgical and anesthesia-related trash and equipment. | Use a trash receptacle that is visually distinct from any used for the surgical field.<br>Do not discard anesthesia-related equipment into "kick buckets" or other surgical receptacles.<br>Do not allow surgical equipment to be discarded into the anesthesia trash.<br>Do not borrow equipment such as scissors or sponges from the surgical field.<br>Be sure to remove any equipment used for anesthesia procedures (such as clamps and needles used for central line placement and dressing sponges) from the operating table before surgery starts. |
| Be careful when adding or removing items from surgical field or tables. | If items fall from the surgical field, be sure to inform the surgical team, including the circulator, immediately. Dropped items need to be appropriately managed to ensure that they are properly counted.<br><br>If you assist the scrub team by retrieving items such as extra sutures or sponges for the instrument table, inform the circulator promptly of exactly what was opened. Opening extra equipment without properly adding items to the count will lead to discrepancy at the end of the procedure. |
| Don't distract the nurses during counting procedures. | During team accounting procedures, try not to disturb or distract unless absolutely necessary. |
| Plan anesthetic milestone actions so that these actions don't pressure the surgical team to do a less than diligent accounting or wound exam. | When performing milestone actions such as reversal of neuromuscular blockade or extubation, be aware whether or not the final count is completed. If the count is incorrect, plan the patient's emergence from anesthesia accordingly. In most cases it is desirable to keep the patient anesthetized until all items have been accounted for.<br><br>If the patient's medical condition is such that prolonged anesthesia or further delay is in your opinion inappropriate, discuss this directly with the surgical team so that a joint decision can be made which weighs the relative risks of a possible retained item versus the risks of continuing anesthesia and surgery. |
| Make sure that throat packs, bite blocks, and other such devices are removed from the oropharynx at the appropriate time | |

 

**ACTIONS TO TAKE IF THERE IS AN INCORRECT COUNT**

| Action | Rationale |
|---|---|
| If the nurses respond back there is a missing sponge, STOP closing the wound. If the body cavity has been closed, remove enough sutures and use retractors to allow visual and tactile exploration.<br><br>See Yield Poster Actions to Reconcile an Incorrect Count. | In cases where there has been a retained sponge in the setting of an incorrect count, the most frequent error is the surgeon has failed to stop closing the wound and do a thorough exploration. Surgeons often are sure the sponge is NOT in the wound and this perception affects their ability to actually find the sponge. Often the sponge is "right there" but the surgeon doesn't feel it. |
| If the item is not immediately found, call for additional nursing personnel to come to the room and help. | Having "new eyes" in the room to search for the missing sponge can reduce the time spent looking and provide more personpower to aid in the search. |
| Place a sterile drape or non-radiopaque towel over the wound and call Radiology to obtain an xray. Make sure the xray includes the entire operative field. This may require more than one film. In the chest consider taking an oblique film to detect sponges behind the heart. In the abdomen be wary of abnormalities in the midline and take an oblique if there are any questions. In obese patients, overpenetration while taking the film is recommended. | It should be mandatory OR policy, in the setting of an incorrect count, if the sponge is not found, an xray must be obtained. If the patient is clinically stable, the safe strategy is to obtain an xray. Sponges can be difficult to detect with intraoperative xray. They have been missed when they lie over the spine or are behind the heart. Tell the radiologist what kind of sponge is missing. If they know what to look for they have a better chance of seeing it. |
| Unless the object is found, wait to see the film before reclosing the site. If there is any question that the object may still be within the patient bring another set of hands and eyes to the field to explore the wound. A new pair of hands may bring new perspective. | Sponges do not have wings. The missing item must be found or confirmed not to be in the patient before the patient leaves the OR. If there is no radiologist available, the surgeon should read the film but expert radiologist review should be required within 12 hours. |
| Dictate in the operative report what actions were taken in response to the incorrect count, and if not found disclose to the patient that a sponge is missing. It may be necessary to obtain more xrays or a CT scan to definitively rule out that there is NoThing Left Behind. | If the item is found, the final count for the case is "correct". If the item is not located the final count remains "incorrect" and an incident report should be filed through the OR quality improvement or incident reporting system. See Incorrect Count Report. These cases should be investigated the same day and efforts made to locate the item or rectify or explain the incorrect count. |

 