

Sponge ACCOUNTING System Count Terminology

Purpose: To clarify terminology for use when accounting for sponges so we have clear and consistent communication.

At the FINAL count:
(which is documented in the medical record as either Correct or Incorrect)

What is a CORRECT final count?

Definition – The skin is closed and all of the sponges (used and unused) are placed in the pockets of the sponge holders. The team (physician, nurses, scrub) verifies that the number of sponges documented on the white board agree with the number of sponges in the sponge holders.

What is an INCORRECT final count?

Definition- The skin is closed and some sponges (one or more) are missing in the sponge holder. There are empty pockets. The number of sponges in the sponge holder **does not** agree with the number on the white board.

- The stability of the patient must be assessed and the patient should remain in the OR if conditions warrant.
- The surgeon must be immediately notified
- The nurse manager is notified
- Plan of action is decided upon and documented in the medical record

Call for x-ray(s)

- a) tell radiologist what item is missing e.g. lap pad, raytex 4x4
- b) plan for xrays of entire surgical wound (remove extraneous objects from field)
- c) take additional view (oblique) if item not seen on initial view

Each sponge holder is checked to make sure there is only ONE sponge per pocket

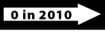
The scrub will search all sterile areas

The circulator will search the linen, drapes and garbage

Anyone who has left the room will be contacted and the circulator will review any visitors in the room or opportunities for a sponge to have been inadvertently removed from the room e.g. with a pathology specimen, or with a newborn taken to the nursery. The surgeon will decide when to move the patient to the next level of care and obtain additional x-rays if the sponge is not found.

When the patient is awake, if the item is not found, the incorrect count is disclosed to the patient.

A CT scan should be considered to rule out a retained sponge if the sponge is not found.



**What are miscounts; (missing item, missed count, mistaken count)?
(Also referred to as discrepancies)**

Definition- At an interim count (closing count, count during closure of a cavity within a cavity, count at a permanent change of relief or a count called any time a member of the surgical team requests one) when the number of sponges on the field, on the table and in the sponge holders **does not** match what is recorded on the white board. After looking, finding and recounting, the count is rectified. These should be considered “near miss” events and provide learning opportunities for where problems may occur yet illustrate how the system works to prevent retention.

There are three kinds of miscounts:

1) **Missed count** – when the team didn’t perform a count (e.g. a closing count was not performed because there was only skin and the team went right to a final count)

2) **Mistaken count** – when sponges were counted and there were **more or less** than the number on the white board. Upon recount and looking at the existing sponges (perhaps two had stuck together, or there were two in one pocket, or the individual had simply made a mistake in the counting) the error is identified and resolved and the count is rectified.

3) **Missing item** – when the count identifies that the number of sponges is less than the number on the white board. A sponge is missing.

What are the next steps if you have a Missing item?

- The surgeon should perform or repeat a methodical wound exam
- Repeat the counting of the sponges on the field, table and in the holders
- Each sponge holder is checked to make sure there is only ONE sponge per pocket
- Call for x-ray(s)
 - a) cover wound with sterile plastic drape or non-radiopaque sterile towel
 - b) tell radiologist what item is missing e.g. lap pad, raytex 4x4
 - c) plan for xrays of entire surgical wound (remove extraneous objects from field)
 - d) take additional view (oblique) if item not seen on initial view
- The scrub will search all sterile areas
- The circulator will search the linen, drapes and garbage
- Anyone who has left the room will be contacted and the circulator will review any visitors in the room or opportunities for a sponge to have been inadvertently removed from the room e.g. with a pathology specimen, or with a newborn taken to the nursery.

When the sponge is located, a recount is done and all items appear to have been accounted for. The case continues to the FINAL count. (See above)

A miscount report should be completed for all miscounts. These reports should be used for internal OR QI review and discussion to identify problematic practices and improve care processes.