



Sponge ACCOUNTing System MISCOUNT REPORT

Please use for internal OR quality improvement. Use as needed to determine what occurred in the event of a discrepancy/missing item in surgical count. Please return to OR Nurse Managers or Nurse Champion.

Patient Name: _____ MR#: _____

Date: _____ Time: _____

OR#: _____ Operation: _____

Physician Surgical Team:

1. _____
2. _____

Scrub/Circulating Team (specify relief):

1. _____
2. _____

MISSING / MISCOUNTED ITEM:

Sponge (type e.g. lap, raytex, cherry, tonsil, etc.) _____

Number of sponges recorded on board _____ Number of sponges in holders _____

ACTION:

Areas Checked:

- | | | |
|---------------|------------------------------|-----------------------------|
| Sterile Field | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laundry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other places, _____

X-rays taken? Yes No (why not?) _____

Findings? _____

Methodical Wound Exam performed? Yes No (why not?) _____

What happened? How was item found? What is the learning that could be shared with your facility and system wide?
