Accountable items, swab, instrument and needle count

Although UK statute law does not dictate what system or method of accountable items, swab, instrument and needles counts should be performed within a perioperative environment, as healthcare practitioners, the law is quite clear in that we all have a ‘duty of care’ to the patient.

We are accountable to our patients for the nursing care we deliver and, as such, we must ensure that we do not cause any harm to our patients by negligently leaving foreign objects within patient cavities during clinically invasive procedures.

Unintended retained objects are considered a preventable occurrence, and careful counting and documentation can significantly reduce, if not eliminate these incidents. A count must be undertaken for all procedures where countable objects (e.g. swabs, instruments, sharps) are used.

These recommendations for inclusion in local policy are designed to assist perioperative practitioners performing accountable items, swab, instrument and needle counts within any perioperative setting.
**Accountable items, swabs, instrument and needle count**

Unintended retained objects are considered a preventable occurrence, and careful counting and documentation can significantly reduce, if not eliminate these incidents (AORN 2010, AFPP 2011). A count must be undertaken for all procedures where countable objects (e.g., swabs, instruments, sharps) are used.

Although it is the responsibility of the user to return all items, the scrub practitioner implements and manages the checking procedure in order to be able to state categorically to the operating surgeon that all items are accounted for at appropriate points.

The count must be audible to those present and must be conducted by two members of staff, one of whom must be an appropriately qualified member of the perioperative team (i.e., a Registered Nurse or Operating Department Practitioner). The other staff member may be a non-registered practitioner who has attained a validated count assessment through national or locally validated training.

There should be standardisation of how countable items are named/referred to across one organisation and referenced into the local policy – this minimises the risk of confusion. The list below includes common names of items and can be used as a benchmark.

**Countable items**

- Swabs
- Instruments
- Needles

**Recommendations for Local Policy**

**Education/training**

Where an organisation supports students in the perioperative environment, pre-service training; student ODPs or student assistant theatre practitioners should have supersupervisory status until they have been deemed competent to assist with counting. The local departmental policy should be to register student practitioners. It is recommended that this be the designated registered student mentor/assessor. The count must additionally be signed and validated by an appropriately registered practitioner/ODP as previously stated.

An introduction to the local count policy must be included in the new staff orientation programme.

Healthcare assistants/support workers should not be involved with the count until they have attained a validated count assessment or national training package and deemed as competent by a registered practitioner.

**Packaging**

All swabs, including lahey swabs (peanuts, pledges), mops, packs and packs that are used during invasive procedures must have an X-ray detectable marker fixed securely across the width of the swab. All swabs and packs must be packed in bundles of five and be of a uniform size and weight. Any package containing fewer or more than this should be removed from the procedure area immediately. Checks should be made based on multiples of five and recorded on the count board in multiples of five. The use of cotton wool balls utilised in ear, nose and throat surgery. The same two perioperative personnel should perform all the counts that are done during a surgical procedure.

The team brief should discuss the staff allocation to scrub and count which should remain consistent throughout the procedure.

Where it is known that the operative procedure may take longer than six hours to complete, a risk assessment should be undertaken to ensure that the scrub and circulating practitioner should be competent to undertake the count with the count record.

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**Responsibility for counts**

The two people performing the count should be the circulating nurse and the scrub nurse.

The same two perioperative personnel should perform all the counts that are done during a surgical procedure.

The team brief should discuss the staff allocation to scrub and count which should remain consistent throughout the procedure.

- Swabs
- Instruments
- Sharps

**Checking procedure**

Provision should be made in the theatre for a standardised dry wipe count board which states all items relevant to this board. This board should be permanently fixed to the theatre wall at a height and in a position that facilitates access and visibility during the procedure. The counting sequence must be in a logical order. Both practitioners must count aloud and in unison. Items should be completely counted in view of the surgeon and anaesthetist. Where it is known that the operative procedure may take longer than six hours to complete, a risk assessment should be undertaken to ensure that the scrub and circulating practitioner should be competent to undertake the count with the count record. The list below includes common names of items and can be used as a benchmark.

**Checking techniques**

Both practitioners must count aloud and in unison. Items should be completely separated during the counting process. The counting sequence should be in a logical progression, for example, from small to large. The recommended sequence of surgical swabs is: swabs/packs, isolation bags, sharps, packs, pins, needles, tweezers. The staff involved in the counting procedure must be able to recognise and identify the potential to be retained within a body cavity:

- Blades
- Bulldoggs
- Cotton wool balls
- Diathermy tip cleaners
- Instruments including screws or detachable packs
- Lahey swabs (peanuts, pledges)
-liga-reefs
- Local infiltration needles
- Laparoscopic retrieval bag
- Ophthalmic micro sponges
- Patties
- Red ties from swab packs (also acts as an additional check with the count board for swab number accuracy)
- Slings/sloops
- Shods
- Sponges
- Tapes

*Note: a X-ray detectable gauze swab, mops or packs – names vary according to local requirements.*

**Blades**

- bulldoggs
- cotton wool balls
- diathermy tip cleaners
- instruments including screws or detachable packs
- lahey swabs (peanuts, pledges)
- liga-reefs
- local infiltration needles
- laparoscopic retrieval bag
- ophthalmic micro sponges
- patties
- red ties from swab packs (also acts as an additional check with the count board for swab number accuracy)
- slings/sloops
- shods
- sponges
- tapes

**Sponges**

- X-ray detectable gauze swabs, mops or packs – names vary according to local requirements.

**Instruments**

The staff involved in the counting procedure must be able to recognise and identify the instruments and medical devices in use.

**Count discrepancy**

If any discrepancy in the count is identified, the operating surgeon must be informed immediately and a thorough search implemented at once.

If a thorough search does not locate the item, the item(s) will need to be taken into X-ray. An X-ray is recommended (MHRA 2005). Fluoroscopy/image intensifier should not be used in such circumstances as they may fail to locate radio-opacity swabs. Missing micro items (e.g., needles which cannot be detected on X-ray) should be recorded on the intra-operative record and theatre dry wipe count board. The NPSA recommend one visual and one documented method to identify placement and removal of the pack (NPSA 2009).

If a count has been inadvertently dropped off the sterile field, the circulating staff member should retrieve it, show it to the scrub practitioner and place it in the appropriate contained disposal system to be included in the final count. Items should not be out or altered unless specifically intended for the purpose. If alteration of any item is requested by the person performing the procedure this must be documented in the patient’s records, highlighted on the dry wipe board and included in the count.

**Countability**

- Accountable items, swabs, instrument and needle count
- Accountability of swab, instrument and needle count
- Countability
- Countable items
- Counting procedures
- Counting technique
- Counting techniques
- Counting training
- Counting unretrieved items
- Counted items
- Counted swabs
- Counted surgical instruments
- Counting
- Counting procedures
- Counting technique
- Counting techniques
- Counting training
- Counting unretrieved items
- Countable items
- Countable swabs
- Countable surgical instruments

**Precautions**

All missing items must be documented in the patient’s notes. Any formal investigation that may follow must be in accordance with local policy.

**Documentation**

A copy of the count record should be retained in the patient’s notes indicating the names of the scrub and circulating staff responsible for the final count. Where electronic records are utilised the record should indicate the names of the scrub and circulating staff responsible for the final count.