

**FRANCISCAN ST. FRANCIS HEALTH  
INDIANAPOLIS, MOORESVILLE AND CARMEL CAMPUSES  
NURSING AND PATIENT CARE SERVICES**

**TITLE: COUNTS SHARPS AND OTHER MISCELLANEOUS ITEMS**

Section:	Surgery	Policy:	# 490.01
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- I. Policy / Purpose: To provide guidelines to ensure correct sharps counts during a procedure.

The unintended retention of a foreign object in a patient after surgery or other procedure (excluding broken microneedles) is a reportable event to the State of Indiana. The manager / director of the affected area or nursing supervisor will notify the Risk Manager during business hours and / or the Administrator on-call during non-business hours. Refer to Administrative policy 'Sentinel Event or Potential Serious Adverse Patient Occurance'.

- II. Scope: OR Suites, Electrophysiology Lab (EP), Cath Lab, Obstetrics / Labor and Delivery

- III. Responsible Persons: RN, LPN, CST, PCN, ST, Cath Lab Tech, OB Tech

- IV. Equipment: Electronic record  
or operative record for downtime  
Unit specific document  
Count list

- V. Procedure:

A. Sharps Count

1. Count all needles (swaged, free, or hypodermic) and blades on the back table before procedure begins. Miscellaneous items should also be counted, these include safety pins, cautery tips, scratch pads, aneurysm clips, bulldogs, vein irrigation cannula, elastic stays, vessel loops, umbilical tapes, dacron tapes, trocar sealing caps and cotton tip applicators. Counts are done audibly and concurrently by two (2) individuals, one of whom must be a registered nurse.

**Special Note:** In case of an emergency, the sharp count may be omitted at the discretion of the physician. If this is done, it is documented under intraoperative orders on the operative record, an X-ray is obtained

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and an electronic incident report is completed.

2. Keep all empty suture packs on table to aid, if necessary, in obtaining a correct post-count. Should an error in suture packaging cause the designated number of needles to be incorrect, the circulator must remove the entire package and dispose of it in the appropriate container.
3. The circulating nurse places sharps in designated location, using Standard Precautions, separating each sharp so that the anesthesiologist / physician and scrub personnel can easily view them. Both scrub personnel and circulating nurse counting must be able to see each sharp after use.
4. Count all sharps that are on the field. When additional sharps are added to the sterile field, they should be counted at that time and recorded on the count records to keep the count current and accurate.
5. Counts should be conducted in the same sequence each time. The counting sequence should be in a logical progression (largest to smallest, proximal to distal etc.).
6. Open sharps on the sterile field should be confined and contained. Used sharps on the sterile field should be kept in a disposable puncture-resistant container.
7. Counts are performed at the same time as the sponge counts:
  - a) Before the procedure to establish a baseline
  - b) Closing counts, which may be up to four (4) counts:
    - 1) Before closure of a cavity within a cavity
    - 2) Before wound closure begins
    - 3) At skin closure or end of procedure
    - 4) At the time of permanent relief of the scrub person and / or circulating nurse
8. Members of the surgical team should account for sharps or other miscellaneous items that may have been broken or become separated within the confines of the surgical site in their entirety.
9. The surgeon is notified verbally of the results of the count and the surgeon must acknowledge the count. Any package containing an incorrect number of sharps should be removed from the field and placed in the sharps container.
10. **Notify the charge nurse if the counts are incorrect.** At the discretion of the charge nurse, the personnel being relieved may be asked to stay until the sharp is found, or until X-rays of the patient are negative for sharps.
11. The circulating nurse and scrub personnel will conduct a final sharps count before the skin is closed. The patient can not be transported from the OR or procedural area until all counts are completed and verified.
12. If the sharp count is incorrect, count needles with packs to verify count. If not found, notify the surgeon and suspend the procedure if the patient condition permits. Begin a search of the field, room, trash, and linen for missing sharp(s). If not found, a X-ray of the patient is initiated. X-ray must be taken to cover all pertinent areas of interest (taking multiple films if necessary). If sharp not found after X-ray is obtained, the count is corrected by scrub personnel

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and circulating nurses last name. The charge nurse will be notified.

- a. An order for a X-ray is entered and X-ray is notified.

**Special Note:** If the item is three (3) inches or less than in length or width, scan the area of concern with fluoroscopy and follow with still film (AP / PA and LAT). Refer to Radiology policy, Location of Foreign Objects in Patients Intra-

- b. Complete an electronic incident report.
  - c. The X-rays are taken and read. A verbal report is given to the surgery nurse, who then reports to the surgeon involved.
  - d. The nurse records the name of the radiologist who reads the X-rays and who received the call on the Incident Report.
  - e. The X-rays are viewed electronically or filed in patient's jacket - if applicable.
  - f. A written report of the X-ray is placed in patient's chart.
13. All sharps are disposed of in proper receptacle at end of procedure.
  14. If a sharp is accidentally dropped from the sterile field onto the floor, it may be deleted from the count provided the scrub personnel and circulating nurse both witness the event.

## DOCUMENTATION

- A. Document all assessments / interventions on electronic / unit specific flow sheet.
- B. Document all counts.
- C. Document that final sharps counts are correct, counted by whom and that physician has been notified.

## REFERENCES:

St. Francis Hospitals and Health Centers, Administrative Policy, Sentinel Event or Potential Serious Adverse Patient Occurrences. #950.66

St. Francis Hospitals and Health Centers, Radiology Policy, Location of Foreign Objects in Patients Intra-Operatively.

AORN, Perioperative Standards and Recommended Practices, for Sponge, Sharp and Instrument Counts 2010.

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**NURSING & MEDICAL STAFF COMMITTEE APPROVALS:**

Patient Care Standards Council: - 11/09/10.

Nursing Executive Committee: - 11/10.

**Approved by: \_\_\_\_\_**  
**Susan McRoberts, Vice President and Chief Nursing Officer**

(Signed, original policy on  
file in Nursing Office)

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