Question of the Week #1

Counts
Domain 3, Intraoperative activities
You are circulating for a carpal tunnel repair. As you and your scrub nurse prepare to do your closing count, the surgeon says, “We don’t need to do that. There’s no way we could lose a sponge in this incision.” What is your response? Provide the evidence-based answer to support your answer.

Response:
AORN (2014) states that “radiopaque surgical soft goods (e.g., sponges, towels, textiles) opened onto the sterile field should be accounted for during all procedures for which soft goods are used” (p. 335). Although it is true that most retained sponges are found in the abdomen and pelvis (Steelman and Cullen, 2011), the risk for retention of a sponge cannot always be predicted. It is possible to lose a sponge regardless of the site or size of the incision. The safest route for preventing retained surgical items (RSIs) is to account for all items opened onto the sterile field. Using a standardized counting process will decrease the chance for error (Edel, 2012). Limiting distractions during the count, using some sort of containment system to confine sponges, and verbal concurrent verification between the scrub person and RN circulator will assure that this important patient safety initiative is done both effectively and efficiently. The facility’s policy and procedure on preventing RSI’s should be readily available to all members of the health care team. Some facilities have instituted additional methods for accounting for soft goods (radiofrequency sponges and other technology to supplement manual counting; count boards; time outs at the end of the procedure) to increase the reliability of traditional methods of counting (Steelman, 2001; Edel, 2010).

References and resources:


