



## 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-ray 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?

---

---

---

---

---

---

---

---

---

---