ACORN GENERIC PERIOPERTIVE COUNT RECORD

Explanatory notes related to the ACORN generic Perioperative count record

The ACORN **generic** Perioperative count record is designed to be used and adapted by HCF's to document the count process during surgical procedures. It will document;

1. The count of accountable used items during the procedure
2. The staff involved
3. The count outcomes, including any incorrect count

The Perioperative count record should/is to be used in conjunction with HCF approved perioperative documentation (electronic and non electronic) that captures other data relating to the surgical procedure. This includes, and is not limited to

- Perioperative care pathways
- Consent for operation
- Utilisation data (times, rooms etc)
- Medication charts
- IV therapy prescription
- Pain management prescription (epidural, PCA)
- Fluid balance charts
- Tray lists

All terminology used within the ACORN Perioperative Count Record is consistent with Standard S3 *Management of accountable items used during surgery/procedures in the perioperative environment*

NB: Throughout the document row, column numbers and width can be changed for local use depending on case type and volume of use.

The development of the Perioperative count record using this generic template will be undertaken and used in conjunction with reference to ACORN Standard S3 *Management of accountable items used during surgery/procedures in the perioperative environment*

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Review Date: As Required
Authorised By: V Warwick ACORN President 2010-2012
File Path: Vicky/ ACORN /Generic Count Sheet

Perioperative Count Record (Hospital name)	(Identification label here)
Date:	This section documents the basic information of patient, date procedure and operating room number. Other data relating to utilisation is captured elsewhere
Procedure:	
Operating Room Number:	

Count Items	Initial Count	Added during case	1st Count	Added during case	2nd Count	Added during case	Final Count
Prep Swabs (Raytec)							
Sponges (Raytec)							
Gauze Strips (Packing)							
Eye Swabs (Strolls)							
Patties							
Cotton Wool Balls							
Peanuts							
Needles Ordinary							
Needles Atraumatic							
Scalpels (Disposable)							
Diathermy Tips							
Clip Cartridges							
Blades (Detachable)							
Tapes							
Vessel Loops							
Bulldog Clamps (Disposable)							
Liga Reels							
Liga Boots							

This section documents absorbent and sharps accountable items that would be counted, where present, on all procedures. Terminology reflects the most consistent terms used nationally. Local adaptations can be made.

This section documents non instrument items that, where present have the potential to be retained. They may be items relating to cardiac, vascular, orthopaedic, laparoscopic or other surgery. Terminology and local adaptations can be made depending on case type.

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Instrument trays	Mark as correct											
Tray name	Initial Count	Added during case			1st Count	Added			2nd	Added		Final unt

This section documents instrument trays that have been counted using the tray list. Thus tray lists are utilised at each stage of the count of instruments then returned with the tray to CSU.

Individually sterilised items added to Count												
Count Items	Initial Count	Added during case			1st Count	Added during case			2nd Count	Added during case			Final Count

This section documents instruments individually sterilised and added to the procedure.

Change Over Count Conducted	YES		NO		Time Occurred	
	Print Name		Signature			Designation
Instrument Nurse						
Circulating Nurse						
Relief Instrument						
Relief Circulating						

This section documents all staff involved in the procedure. This includes tea/meal relief and change over staff. It is not recommended that relief staff initial columns when adding items as experience has shown that this system is inaccurate.

Count Correct	YES		NO	
			Signature	
Instrument Nurse				
Circulating Nurse				

More lines can be added if HCF's wish surgeon to sign.

Discrepancies in Count					Comment
Surgeon notified	YES		NO		
Incident form completed	YES		NO		
X-ray ordered	YES		NO		

	Print Name	Signature	Designation
Instrument Nurse			
Circulating Nurse			
Surgeon			

This section documents that process was followed in the event of a discrepancy. ACORN S3 (2012) recommends a review of all incorrect count incidents to improve practice

Countable Items remaining in Situ				
Packs	Type		Number	
Drains	Type		Method of attachment	
Catheter	Type		Solution/mls	
No Count required				

This section documents retained items. Local adaptations can be made. No count refers to endoscopic procedures.