NATIONAL OPERATING ROOM NURSING AUDIT (NORNA)

ELEMENT 5: **CONTINUUM OF CARE**

5.8 SPONGES, SHARPS AND INSTRUMENT COUNT

1. INTRODUCTION

Systematic counting of sponges, sharps, and instruments throughout surgery is a standardized perioperative safety practice that reduces the risk of retained surgical items and supports evidence-based patient care (Association of peri Operative Registered Nurses, 2019; World Health Organization, 2009)

2. OBJECTIVES

2.1 To ensure nurses perform correct counts on sponges, sharps and instruments preoperatively, intraoperatively (before closure of any cavity, peritoneum) and before skin closure.

2.2 To ensure patient safety by preventing retention of sponges, sharps and instruments in the body.

2.3 To ensure accurate and complete documentation of sponges, sharps and instruments used during surgery.

3. METHODOLOGY

3.1	Design	:	Direct observation of scrub nurse and circulating nurse performing the procedures.
3.2	Setting	:	All Operating Rooms (OR)

3.3	Inclusion criteria	:	All surgeries that require counting of sponges, sharps and instruments.
3.4	Exclusion criteria	:	None
3.5	Population	:	All Scrub nurse and circulating nurses
3.6	Sample design	:	Convenient sampling
3.7	Sample size	:	50% of scrub nurse /circulating nurse working in Operating Room (OR)
3.8	Frequency	:	Twice per year
3.9	Duration	:	2 months
4.0	Instrument	:	Check list (E5 AF 5.8 Pind.1/2026)

4. STANDARD

100% compliance to standard in counting sponges, sharps, and instruments during surgery.

5. DEFINITION OF OPERATIONAL TERMS

NO	TERMS	DEFINITIONS
1.	SWAB & INSTRUMENT COUNT FORM	It is a form designed for documentation of all sponges, sharps and instruments used during surgery.
2.	SCRUB NURSE	A nurse who assists the surgeon during surgery and responsible for the handling of sponges, sharps and instruments used.
3.	CIRCULATING NURSE	A member of the surgical team, responsible for assisting the scrub nurses in establishing and documenting accurate counts of sponges, sharps and instruments used during surgery.

4.	ARRANGEMENT COUNTING/ DEFINATION	There are three types of “count”. a) **Preoperative (Initial) count** Sponges, sharps and instruments are counted before the operation commenced to establish a baseline. b) **Intra-operative count** Sponges, sharps and instrument are counted before closure of cavity within cavity and before closure of peritoneum. c) **Extra Count** Before wound closure begins (cavity within cavity) or the time of permanent relief of either the scrub person or the circulating nurse. d) **Post-operative count (final count)** Sponges, sharps and instrument are counted before skin Closure or end of procedure.
5.	STERILE SETS AND INSTRUMENT	Sterile surgical instruments required for the surgery
6.	SPONGES	Sponges include raytec gauzes, abdominal packs, surgical patties, lahey swabs, tonsil swabs and others which can be detectable by x-ray (radiopaque)
7.	SHARP	Sharps include all traumatic needles and scapple blades used during surgery
8.	DOCUMENTATION	Is defining as manual writing record or electronic record as evidence for sponges, sharps and instrument documentation

6. WORK PROCESS

Structure
1. Swab and instrument count form. (Perioperative checklist SSSL POCL VER 2.0) 2. Instrument trolley 3. Sterile Sets and supplementary instruments as required. 4. Sponges 5. Sharps

Process
1. Place sterile sets andsupplementary items required according tosurgery. 2. Perform preoperative (initial) count of sponges,sharps and instrument correctly by scrub nurse and circulating nurse. 3. Document SSSL FORM COMPONENT 3 preoperative correct counts in swab & instrument count form by circulating nurse. 4. Perform intra-operative count of sponges, sharps and instrument correctly by scrub nurse and circulating nurse before closure of: a) cavity within cavity (extra count) b) peritoneum & etc. (second count) 5. Inform surgeon of correctsponges, sharps and instrument counts. (SSSL) 6. Document correct intra-operative counts in swab &instrument count form by circulating nurse. Perform correct postoperative count ofsponges, sharps and instruments **before skin closure (final count)** by scrub nurse and circulating nurse. 7. Inform surgeon audibly of correct post operative sponges, sharps and instrument counts. 8. Document correct post operative counts in swab &instrument count form by circulating nurse. 9. Scrub nurse and circulating nurse document name andsignature in the swabs & instrument count form.

10. Circulating nurse (coordinator) to ensure accurate and complete documentation of sponges, sharps and instruments used during surgery nurse place perioperative checklist together with the patient's medical records.

Outcome

1. All count of sponges, sharps and instruments are correct.
2. Documentation in swab & instruments count form is accurate and complete.
3. Document in perioperative checklist SSSL POCL VERSION 2.0

7. TECHNICAL SPECIFICATION FOR SPONGES, SHARPS AND INSTRUMENT COUNT

Indicator	Percentage of compliance to standard in counting sponges, sharps, and instruments during surgery.
Rationale	To ensure nurses perform correct counts on sponges, sharps and instruments preoperatively, intra operatively and before skin closure.
Definition	It is a systematic method of accounting for all sponges, sharps, and instruments used during surgery, with counts performed preoperatively, intraoperatively, and before skin closure to support patient safety and prevent unintended retained surgical items (Ministry of Health Malaysia, 2021). Sponges, sharps, and instruments surgical counts should be performed with clear specification of who performs the count, items to be counted, and documentation of all counts, including discrepancies and any additions or deletions, according to defined risk for specified procedures (International Federation of Perioperative Nurses, 2023).

Criteria	**Inclusion:** All Scrub Nurses.
Numerator	Total conformance of items
Denominator	Total number of items – Total number of items marked as NA
Formula	$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$
Standard	**100%**
Data Collection	1. **Where:** Data will be collected in the Operating Room (OR). 2. **Who:** Data will be collected by the NORNA committee. 3. **How to collect:** Audit Form (E5 AF 5.8 Pind.1/2026). 4. **How frequent:** Twice a year and duration 2 months 5. **Who should verify:** All data must be verified by the Head of Nursing.
References	1. Ministry of Health Malaysia. (2021). *Malaysian patient safety goals 2.0: Guidelines on implementation and surveillance*. Medical Care Quality Section, Medical Development Division, Ministry of Health Malaysia. 2. International Federation of Perioperative Nurses (IFPN). (2023). *Guideline for surgical count*.

8. AUDIT FORM

NATIONAL OPERATING ROOM NURSING AUDIT			VERSION 8/ Pind.1/2026
ELEMENT 5	:	PERIOPERATIVE CONTINUUM OF CARE	
TOPIC	:	5.8 SPONGES, SHARPS AND INSTRUMENT COUNT	DATE: 15 JAN 2026
DOCUMENT NO	:	E5 AF 5.8 Pind.1/2026	

OBJECTIVES

1. To ensure nurses perform correct counts on sponges, sharps and instruments preoperatively, intraoperatively and before skin closure.
2. To ensure patient safety by preventing retention of sponges, sharps and instruments in the body.
3. To ensure accurate and complete documentation of sponges, sharpsand instruments used during surgery.

STANDARD	:	100% compliance to standard in counting sponges, sharps, and instruments during surgery.

Date of Audit : .....

Locality : .....

Auditor : .....

Auditee : .....

N.B. Instructions for Auditors

1. To tick [√] at appropriate column.
2. T/ D indicate technical skill/ documentation respectively.

S/N	ITEM	SOURCE OF INFORMATION	YES	NO	N/A
T1	Place sterile sets and supplementary items required according to surgery	Observe nurse.			
T2	Perform preoperative (initial) count of sponges, sharps and instruments correctly by scrub nurse and circulating nurse.	Listen/ Observe nurse			
D3	Document preoperative initial counts in swab & instrument count form by circulating nurse. **(Perioperative Checklist SSSL POCL version 2.0)**	Observe nurse and check written document.			
T4	Perform intra-operative count of sponges, sharps and instruments correctly by scrub nurse and circulating nurse before closure of:				
	T.4.1 Extra count (cavity within cavity)	Listen/ Observe nurse			
	T.4.2 Second Count (peritoneum & etc.)	Listen/ Observe nurse			
T5	Inform surgeon of correct sponges, sharps and instrument counts.	Listen/ Observe nurse			

D6	Document correct intra-operative counts in swab & instrument count form by circulating nurse. **(Perioperative Checklist SSSL POCL version 2.0 – component 3)**	Observe nurse and check written document.			
T7	Perform correct postoperative count of sponges, sharps and instruments **before** skin closure (final count) by scrub nurse and circulating nurse.	Listen/ Observe nurse			
T8	Inform surgeon of correct post operative sponges, sharps and instrument counts.	Listen/ Observe nurse			
D9	Document correct post operative counts in swab& instrument count form by circulating nurse. **(Perioperative Checklist SSSL POCL Version 2.0)**	Observe nurse and check written document.			
D10	Scrub nurse and circulating nurse(coordinator) document name and signature in the swabs & instrument count form **(Perioperative Checklist SSSL POCL version 2.0)** To ensure accurate and complete documentation of sponges, sharps and	Observe nurse and check written document.			

	instruments used during surgery				
T11	Nurse place perioperative checklist together with the patient’s medical record.	Observe nurse.			

AUDIT REPORT

(Please [√] the appropriate box)

Rating:

Criteria	Item	Conformance	Non conformance	Not Applicable
Technical	8			
Documentation	4			
Total	**12**			

Calculation: _____ X 100% = _____

REMARKS:

Auditor (name and signature) : ……

**Calculation:	Total conformance of items / Total number of items-Total number of items NA	X 100%

9. REFERENCES

Association of periOperative Registered Nurses (Ed.). (2019). *Guidelines for perioperative practice* (2019 ed.; A. Wood, Ed.). AORN, Inc.

International Federation of Perioperative Nurses. (2023). *Guideline for surgical counts: Sponges, sharps, instruments & all items used during surgical intervention that present the potential to be inadvertently retained* (Guideline No. 1002). International Federation of Perioperative Nurses.

Ministry of Health Malaysia. (2021). *Malaysian patient safety goals 2.0: Guidelines on implementation and surveillance*. Medical Care Quality Section, Medical Development Division, Ministry of Health Malaysia.

World Health Organization. (2009). WHO guidelines for safe surgery 2009: Safe surgery saves lives (1st ed.). World Health Organization.