

SURGICAL COUNTS

(0:00 - 0:19)

Hey guys, welcome back to another Surgical Tech Tips video. We're going to be going over the proper counting procedure. I have a sterile field, we're about to start a case, and I'd like to go over proper counting technique.

(0:20 - 0:47)

This is a smaller case, so we're not going to be going through any instrumentation, we're not going in any body cavities, so we won't be doing a big count with instruments, but we will be doing a count with all of our small disposable things, needles, clips, blades, those types of things. So here's how it goes. Great tips.

(0:49 - 1:03)

One thing to note, before you count, never take the tapes off of any of your sponges on the field until you start counting. It's a reminder that you still need to count the case. So I take the tapes off as soon as we start counting.

(1:06 - 1:24)

We separate the ratex as we count each individual one. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. That's 10 ratex laps.

(1:24 - 1:38)

Same thing, I take the tape off, that's as a reminder to myself that this case is now being counted. 1, 2, 3, 4, 5. 5 laps. Peanuts.

(1:39 - 2:00)

Peanuts, I have 1, 2, 3, 4, 5. Hypos. You guys may not be able to see this because the mayo stand is in the way, but my circulator has their eyes on my field and she's watching me count each individual one of these. What was next? Shots.

(2:00 - 2:04)

Shots, 2, 4, 6, 8, 10. 8, 10. Hypos.

(2:05 - 2:10)

0. 0 hypos. Any vessel cannulas? No vessel cannulas. No vessel cannulas.

(2:11 - 2:17)

Vessel loops. Vessel loops, I have 2, 4, 1, 2, 3, 4. Total. Bovee tips.

(2:17 - 2:27)

Bovee tips. Always show the items to your nurse. 1. 1. Blades.

(2:27 - 2:37)

Blades. I have 1, 2, 3, 4. 4 blades. 4 blades on the field.

(2:37 - 2:42)

Any umbilical tape? No umbilical tape. Inserts. No inserts.

(2:43 - 2:55)

Hemoclips. Clips, I have 1, 2, 3, 4, 5, 6, 7, 8. Sutures. Sutures.

(2:59 - 3:11)

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13. 13. 13 sutures.

(3:11 - 3:18)

All right. Anything else we need to count? Nothing else. I have fluids on the field.

(3:19 - 3:21)

That's it. All right. Thank you very much.

(3:22 - 3:39)

So that's proper counting procedure. It's important to, I know AORN really wants us to not count in twos. On some cases it's really, really hard not to try not to count in twos, especially big heart cases where you have like 160 needles or something like that.

(3:39 - 3:48)

You're counting each individual one. It can be pretty cumbersome. So a lot of the times we do count in twos, and I know there's a lot of techs out there that do do that.

(3:52 - 4:07)

So some things to note. Obviously we did a case, so I wasn't able to finish up that video with an end count, you know, when we started to close the incisions. So things to note for the end count.

(4:07 - 4:33)

You start your count when the surgeon or assistant first starts closing the incision, whether it's an open body cavity and you're closing up peritoneum, you know, in the belly. That first layer that they're going to be closing up, once they decide they want to start closing, that's your cue to start counting. You're counting the exact same things obviously that you counted before the case started.

(4:34 - 4:56)

The most important thing to note though is the way you count. You have to start at the field first, count everything that you see on the field, you know, as far as if you're starting off with laps, you know, how many laps are on the field? One lap on the field, okay. Move to your Mayo stand, how many laps are on the Mayo stand? Two laps on the Mayo stand, okay, great.

(4:56 - 5:01)

So that's three laps. And then you move to your back table. Back table is always last.

(5:01 - 5:11)

There's two more laps on the back table. That's five, you're good to go. That's the process that you need to use when you are counting for the end of the procedure.

(5:11 - 5:32)

One more important note is don't let the surgeons push you around. Say they're closing up the abdomen and they're closing up peritoneum and they're done closing up the peritoneum before you're done with your count, tell them to hold off. Just simply tell them to hold off until you're finished with the count.

(5:32 - 5:56)

Hopefully it doesn't take you that long, but they need to recognise that this is an important thing to do and it's patient safety at risk. So I think that's about it for the closing count. Remember, you start your count when they're closing the first layer of tissue, whether it's peritoneum or whatever is underneath the subcutaneous tissue.

(5:56 - 6:07)

It could be fascia, whatever it is. And again, you do a final count when they're closing up skin. But that's basically it.

(6:07 - 6:16)

Important things to note. Make sure your circulator is watching you count. They need to be right there behind you looking at everything that you're looking at.

(6:16 - 6:28)

When you're counting ratex laps, you're making sure that you separate each individual one. There is air in between each individual one of those ratex or laps as you're counting them. Separate out all your clips.

(6:29 - 6:59)

Make sure they can see all your blades. And you are good to go. Thank you guys for watching.

I'll see you again. For more information visit www.FEMA.gov