Key Learning Points:
Retained Surgical Items (RSI) Policy, June 2013

UNCHANGED:

- Patients undergoing surgical procedures will be free from unintended retained surgical items (RSIs) at the conclusion of the procedures.
- Sections on How to Count; When to Count; and Omitted Items have remained the same.
- Count policy is standardized and applies to all OR sites and to all patients living and deceased.
- All members of the operative team are responsible for practices that promote a complete and accurate count.

CHANGED:

- The existence of high risk criteria (e.g., high BMI, high sponge/needle count, multiple staffing changes, etc.) does not mandate an x-ray but should heighten team awareness for increased risk for RSI.
- The attending surgeon OR an attending radiologist may interpret a radiograph.
- Wound closure is considered complete when the dressing is applied.
- The phrase “cavity within a cavity” applies only to the bladder and gravid uterus.
- A missing needle x-ray may be waived if the needle is smaller than 10 mm.

NEW:

- The instrument counting process has been included.
- Every attempt will be made to relieve scrub/circ at non-overlapping times.
- Weck spears and Q-tips shall be counted (ophthalmic surgery excepted).
- All pieces of broken instruments must be accounted for.
- Non-radiopaque gauze and dressing material will be isolated and contained on the sterile field until the incision is closed.
- Countable items (penrose drains, cardiac buttons, cardiac tourniquets) deliberately left superficially on the patient at the end of a procedure do not necessitate a PSN or incorrect count.

DELETED:

- VAD placement no longer necessitates an additional count.