Queensland	(Affix	didentification label here)		Queensland	(Affix ide			
Government	URN:			Government	URN:			
Perioperative Count Record	Family name:			Perioperative Count Record	Family name:			
A3 Version	Given name(s):			A3 Version	Given name(s):			
Date: / Count record: of	Address:				Address:			
PACU Bay:	Date of birth:	Sex: M F I			Date of birth:			
In line with ACORN Standards, instruments shall be counted and documented against the instrument tray list.								

Oueensland	(Affix identification label here)									
Queensland Government	URN:									
Perioperative Count Record	Family name:									
A3 Version	Given name(s):									
	Address:									
	Date of birth: Sex: M F I									
·	<u> </u>									

Time with ACONN Grandards, instruments shall be counted and documented against the instrument day is.											
Single Instruments	Initial count	Progressive count	Count Changeover:	Count	Count Changeover:	Progressive count	Count Changeover:	Progressive count	Count Progressive Final Changeover: count count		
							q				
Initials											
-											

nstrument Trays	Correct at case completion	Instrument Trays		ct at case	
	Yes Variance		☐ Ye.	Variance	
	Yes Variance		7./es	Variance	
	Yes Variance	27	Yes	Variat, a	
	Yes Variance		ПУ	'ariar ce	
	Yes Variance		′es	/ariance	
	Yes Variance		Yes	Variance	
	Yes Variance	4	Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	
	Yes Variance		Yes	Variance	

Item	Site/cavity	Quantity	Date removed	Print name	Signati	ıre
			11			
			11			
Count Verification						
Accountable items count correct	t? Yes	Variance	Single instruments	count correct?	Yes	Variance
Instrument/loan/consignment tra	ays count correct? Yes	Variance	Proceduralist notifie	ed of count outcome?	Yes	Variance
RiskMan: Yes N/A						
Count discrepancy, x-ray taken:	Yes Variance N/	A Revie	wed by (print name)			
Variance:						
Role	Print name		Designation	n Signat	ure	Initials
Instrument Nurse 1						
Instrument Nurse 2						
monument range 2						
Circulating Nurse 1						
Circulating Nurse 1						
Circulating Nurse 1 Circulating Nurse 2						
Circulating Nurse 1 Circulating Nurse 2 Relief Nurse						

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Initials

Queensland	(Affix identification label here)								
Government	URN:								
Perioperative Count Record	Family name:								
A3 Version	Given name(s):								
Date: / Count record: of	Address:								
Facility:	/ National								
PACU Bay:	Date of birth: Sex:	M							
Operative procedure(s) performed:									

	Queensland Government	
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Perioperative Count Record

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	Α	3	V	ers	ic	n				

(Affix identification label here)
URN:
Family name:
Given name(s):
Address:

Date of birth:

Sex: M F I

Operative procedure(s) per	formed:										Throat F	Packs				
											□ N/A C	OR Quantity:				
										No count required		Time inse	erted (24hr):	: Tim	ne removed (24hr):	:
Accountable Items	Initial count	Progressive count	Count Changeove	Prog	gressive ount	Count Changeover:	Pi	rogressive count		geover:	Progressive count		Count Changeover:	Prog c	ressive ount	Fincou
Prep swabs																1
Raytec																7
Sponges																7
Blades									Z 2]							1
Atraumatic needles																
Diathermy tips																1_
Hypodermic needles																1
Hypodermic sheaths																1
Scratch pad																
																_
																_
																_
																+
																+
																1
																1
																1
						4										1_
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