



Perioperative Count Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

In line with ACORN Standards, instruments shall be counted and documented against the instrument tray list.

Instrument Trays	Correct at case completion	Instrument Trays	Correct at case completion
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance
	<input type="checkbox"/> Yes <input type="checkbox"/> Variance		<input type="checkbox"/> Yes <input type="checkbox"/> Variance

Accountable Items Intentionally Retained

Item	Site/cavity	Quantity	Date removed	Print name	Signature
		/...../.....		
		/...../.....		

Count Verification

Accountable items count correct? Yes Variance Single instruments count correct? Yes Variance

Instrument/loan/consignment trays count correct? Yes Variance Proceduralist notified of count outcome? Yes Variance

RiskMan: Yes N/A

Count discrepancy, x-ray taken: Yes Variance N/A Reviewed by (print name):

Variance:

Role	Print name	Designation	Signature	Initials
Instrument Nurse 1				
Instrument Nurse 2				
Circulating Nurse 1				
Circulating Nurse 2				
Relief Nurse				
Changeover Instrument Nurse				
Changeover Circulating Nurse				

For information about the use of this form, please refer to *Perioperative Count Record – Reference Guide*.

DO NOT WRITE IN THIS BINDING MARGIN