Olleens	land								(Affix	identifi	cation l	abel here	e)				
Queens Govern	nent					UF	RN:										
	4.					Fa	mily na	me:									
Periopera	itive	Cou	int F	Reco	ord	Gi	Given name(s):										
Date: / /	C	Count r	ecord:		of		ldress:	()									
Facility:														_	¬_		
PACU Bay:						Da	ate of bi	rth:				Sex:	M	L	F	I	_
Operative procedure	(s) perfo	rmed:															
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	1												_			quired	
Throat Packs	N/A 0	R Qua	antity:			Tir	ne inse	rted (24hr):		:	Tim	e remove		۱r):	:		
Accountable items	Initial count				essive unt			Count Changeover:		ogress count		Coun Changeo	ver:		essive unt	Final count	
Prep swabs																	
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Raytec]]]	
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Sponges								[[
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Blades									X								
							X										
Atraumatic needles							V]]	
Jamado Hoddies								17			ļ,						
	<u> </u>				12								\perp				
Diathermy tips								<u> </u>				ļ	\perp			<u> </u>	-
dypodermic needles				9		K							\perp				
Hypodermic sheaths													\perp				[
Scratch pad	<u> </u>		FO.		X							<u> </u>	\perp			<u> </u>	-
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Queensland Government
Government

	(Affix identification la	abel her	e)		
URN:					
Family name:					
Given name(s):					
Address:					
Date of birth:		Sex:	M	F	

	nt Record	' '				
Perioperative Cour	it ittooord	Given name((s):			
		Address:				
		Date of birth:	:	Sex:	M F[I
In line with ACORN Standards, instru	nents shall be count	ted and docum	nented against the i	nstrument tray list		
Instrument Trays	Correct at complet	III I a Local	rument Trays		Correct at completi	
	Yes \	Variance			Yes V	ariance
	☐ Yes ☐ \	Variance			Yes V	ariance/
	Yes \(\)	Variance			Yes V	ariance/
	Yes \(\)	Variance			Yes V	ariance
	Yes \(\)	Variance			Yes V	ariance
		Variance				ariance/
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		Variance			Yes V	ariance
Accountable Items Intentional	ly Retained Site/cavity	Quantity	Dai removed	rint name	Signatur	ro
item	Onercavity	Quantity	, ,	1 mit name	Oignatui	
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		0				
Count Verification	X), '2				
Count Verification Accountable items count correct?	Yes	Variance Si	ingle instruments co	unt correct?	Yes V	/ariance
	- 1		ingle instruments corroceduralist notified			/ariance /ariance
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A	t correct? Yes	Variance Pr	roceduralist notified	of count outcome?		
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes	t correct? Yes	Variance Pr	,	of count outcome?		
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A	t correct? Yes	Variance Pr	roceduralist notified	of count outcome?		
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes	t correct? Yes	Variance Pr	roceduralist notified	of count outcome?		
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Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes Variance:	t correct? Yes	Variance Pr	roceduralist notified	of count outcome?	Yes V	/ariance
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Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes Variance: Role Instrument Nurse 1	t correct? Yes	Variance Pr	roceduralist notified ed by (print name):	of count outcome?	Yes V	/ariance
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes Variance: Role Instrument Nurse 1 Instrument Nurse 2	t correct? Yes	Variance Pr	roceduralist notified ed by (print name):	of count outcome?	Yes V	/ariance
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes Variance: Role Instrument Nurse 1 Instrument Nurse 2 Circulating Nurse 1	t correct? Yes	Variance Pr	roceduralist notified ed by (print name):	of count outcome?	Yes V	/ariance
Accountable items count correct? Instrument/loan/consignment trays count RiskMan: Yes N/A Count discrepancy, x-ray taken: Yes Variance: Role Instrument Nurse 1 Instrument Nurse 2 Circulating Nurse 1 Circulating Nurse 2	t correct? Yes	Variance Pr	roceduralist notified ed by (print name):	of count outcome?	Yes V	/ariance

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