

Intraoperative Instrument Count Checklist

Patient & Procedure Details

| | | | |
|---------------|--|-----------------|--|
| Patient Name: | | Med. Record #: | |
| Procedure: | | Date: | |
| Surgeon: | | Operating Room: | |

Instrument Count Checklist

| Instrument Set | Initial Count (Before Incision) | First Count (Start of Closure) | Final Count (End of Procedure) | Discrepancy (Y/N) | Notes |
|-----------------------|------------------------------------|-----------------------------------|-----------------------------------|----------------------|-------|
| Basic Set | | | | | |
| Major Tray | | | | | |
| Specialty Instruments | | | | | |
| Custom Add-Ons | | | | | |

Additional Notes

All discrepancies must be reported immediately and resolution documented.

Signatures

Circulating Nurse

Scrub

Practitioner

Surgeon

Date/Time Completed: _____