

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: _____