Queensland Government				(Affix identification label here)											
Government					URN:										
Perioperative Count Record						/ name:									
Date: / / Count record:				Given name(s):											
				Addre	ss: of birth:				c	Sex. [_ M	F 🗔ı	I		
Facility: Operative procedure performed:													·'	-	
Throat packs N/		Quant	ity:			Pack In Pack out									
Accountable items	Initial count			Add	itions			Count	4	dditior	ns	Count	Additio		inal oun
Prep swabs												ļ			
Raytec swabs								7							
											K				
Abdominal sponges												-			
												~			
		\angle				K						ļ			
Scalpel blades		\angle						5	Ľ,						
					Y,		X					~			
Needles atraumatic		<u> </u>										-			
												~			
Diathermy tips		0										<u> </u>			
Hypodermic needles		\angle		K											
X															
			2												
		U,													
									/						
									/						
		/							//						
		/							/						
		/							/						
		/				//			//						
		/	/			//			//						
		/				//			//						
									\leftarrow		\leftarrow				

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Queensland	(Affix identification label here)									
Government			URN:							
	Family name:									
Perioperative Count R	Given name(s):									
			Address:							
			Date of birth:			S	Sex:	M	<u> </u>	
Instrument count	Initial count	4	dditions	Count A		dditions	Count	Additions	Final count	
					X					
					>		h			
				2						
Initials					っ					
As per the ACORN standards all Accountable	items of	ther tha	n those instrume	ents reco	orded or	n the tray list sha	all incluc	le but not be limi	ted to	
absorbent items, sharps, vascular items used v	vithin all	surgica	procedures, dis	posable	retracti	on devices and	addition	al instruments.		
Accountable items left insitu		P								
Туре	0	Site		Qı	uantity	Date remove	d	Signature		
						/ /				
<u> </u>		0,				/ /				

		/ /		
Count sign off				
Document variances on page 2 of Perioperative Patient Re	ecord.			
Accountable items count correct?	ance			
Instrument / Tray final check correct? Yes Varia	ance			
Proceduralist notified?	ance			
X-ray taken? Yes Varia	ance 🗌 N/A			
Print name	Designation	Signature	Initials	Time (24hr)
Instrument nurse 1:				
Instrument nurse 2:				
Circulating nurse 1:				
Circulating nurse 2:				
Relief nurse:				:
Changeover instrument nurse:				:

Changeover circulating nurse:

: