

**California Hospital Patient Safety Organization  
Retained Surgical Item  
Record Review Form  
Confidential: Patient Safety Work Product**

**Event Location and Time (where and when item was left behind, not where and when it was discovered)**

Hospital/Clinic Name \_\_\_\_\_ Unit (e.g., OR) \_\_\_\_\_  
 Time of Day (e.g., 1pm, if known) \_\_\_\_\_ Day of Week (e.g., Monday—if known) \_\_\_\_\_

**Event discovered**

- Before incision closed       In OR after closure       In recovery room       Same hospitalization  
 After discharge or in a subsequent hospitalization

**Patient Information**

Age \_\_\_\_\_ Sex \_\_\_\_\_ Medical Record Number \_\_\_\_\_  
 Harm:       None  Mild  Moderate  Severe  Death

**Procedure**

Planned \_\_\_\_\_ Actual \_\_\_\_\_  
 CPT code(s) for actual (if known) \_\_\_\_\_ Case length (minutes) \_\_\_\_\_  
 Procedure urgency:       Elective  Urgent  Emergent  Unknown  
 Complicating factors:       Bleeding  Obesity  Unexpected deviation from plans

**Retained Item**

Sponge       Towel       Needle       Instrument       Fragment       Other  
 Name/Model Number \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Size \_\_\_\_\_ Other ID (e.g., lot number) \_\_\_\_\_  
 Item left behind:  Unintentionally  Unknown  Intentionally (describe reason): \_\_\_\_\_

**What factors contributed to the event? (check all that apply)**

<i>Environment</i>	
<input type="checkbox"/> Culture of safety, management	<input type="checkbox"/> Physical surroundings (e.g., lighting, noise)
<input type="checkbox"/> Distractions/Interruptions	
<i>Staff qualifications</i>	
<input type="checkbox"/> Competence (e.g., qualifications, experience)	<input type="checkbox"/> Training
<i>Supervision/support</i>	
<input type="checkbox"/> Clinical supervision	<input type="checkbox"/> Managerial supervision
<i>Policies and procedures, includes clinical protocols</i>	
<input type="checkbox"/> Presence of policies	<input type="checkbox"/> Clarity of policies
<i>Equipment/device</i>	
<input type="checkbox"/> Function	<input type="checkbox"/> Design
<input type="checkbox"/> Availability	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Defect or Failure	
<i>Incorrect use of equipment/device</i>	
<input type="checkbox"/> Jury-rigging, creating a workaround, force-fitting, defeating fail-safe, etc.	
<input type="checkbox"/> Selection or use of inappropriate device. <input type="checkbox"/> Mis-setting, mis-programming, or otherwise misusing the device.	
<i>Data</i>	
<input type="checkbox"/> Availability	<input type="checkbox"/> Accuracy
	<input type="checkbox"/> Legibility
<i>Communication</i>	
<input type="checkbox"/> Supervisor/Provider to staff	<input type="checkbox"/> Among staff or team members
	<input type="checkbox"/> Staff to patient (or family)
<i>Human factors</i>	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Stress
<input type="checkbox"/> Cognitive factors	<input type="checkbox"/> Health issues
<i>Other (please describe)</i>	

Why do you think that the incident occurred? Any other comments? (use back of page for additional space)

If the item was left behind intentionally, **STOP**, the form is complete. Otherwise, continue to back of page.

### Surgical team

Was there more than one surgical team (e.g., orthopedics and neurosurgery)?  Yes  No  Unknown

Was there a personnel change during the procedure?  Yes  No  Unknown If yes, how many (and titles)?

Were the team members used to working together?  Yes  No  Unknown

Was the team dysfunctional?  Yes  No  Unknown

Other team issues (please describe):

### Counting

Was a count performed for the type of object that was retained?

Yes  No, object countable  No, object not countable  Unknown  
(e.g., a fragment)

If technology (e.g., bar code, scanning) used as adjunct to count, please describe:

If count not performed, **STOP**, the form is complete. Otherwise, please continue (and attach copy of count policy)

Policy for counts followed  Yes  No  Unknown

If policy not followed, in comments section below describe how count was performed.

Final count  Incorrect  Correct  Unknown

### Efforts to find retained item

Inspect/explore surgical site  Yes  No  Unknown

Search OR  Yes  No  Unknown

Item radiopaque  Yes  No  Unknown

Imaging in OR  Yes  No  Unknown

Imaging read by surgeon  Yes  No  Unknown

prior to patient leaving OR

Imaging read by radiologist  Yes  No  Unknown

prior to patient leaving OR

Radiologist informed of  Yes  No  Unknown

nature of missing object

Imaging after OR  Yes  No  Unknown

Other (describe):

**Comments (any additional information you believe will be useful in understanding the causes of this event)**