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**
- **Time of Day** (e.g., 1pm, if known)
- **Unit** (e.g., OR)
- **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)**

<table>
<thead>
<tr>
<th>Environment</th>
<th>Physical surroundings (e.g., lighting, noise)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff qualifications</td>
<td>Training</td>
</tr>
<tr>
<td>Supervision/support</td>
<td>Managerial supervision</td>
</tr>
<tr>
<td>Policies and procedures, includes clinical protocols</td>
<td>Clarity of policies</td>
</tr>
<tr>
<td>Equipment/device</td>
<td>Availability</td>
</tr>
<tr>
<td>Incorrect use of equipment/device</td>
<td>Defect or Failure</td>
</tr>
<tr>
<td>Data</td>
<td>Accuracy</td>
</tr>
<tr>
<td>Communication</td>
<td>Legibility</td>
</tr>
<tr>
<td>Human factors</td>
<td>Cognitive factors</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Health issues</td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>Counting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a count performed for the type of object that was retained?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Efforts to find retained item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy for counts followed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Final count</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Incorrect</td>
</tr>
</tbody>
</table>

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