AUTOTRANSFUSION RECORD

PATIENT IDENTIFICATION LABEL:
CHI No:.....
Name:.....
Address:.....
DOB: ...../...../.....

CELL SALVAGE PROCEDURAL INFORMATION: Elective ☐ Emergency ☐

CELL SALVAGE PROCEDURE:

Date: Surgeon:
Start Time (of procedure): Anaesthetist:
End Time: Autotransfusionist:

PATIENT INFORMATION: Male ☐ Female ☐

Special Considerations:

Blood Group: ____ Haemoglobin:_____g/l HCT: _____ Weight :_____

INTRAOPERATIVE CELL SALVAGE DEVICE USED: Device 1 ☐ 2 ☐ 3 ☐

Total volume in Intraoperative Cell Salvage suction ____ml
Total Saline Wash (Swabs) ____ml
Total Saline used by surgeon ____ml
Total Volume after wash/Processed ____ml
Total washed Salvaged blood transfused ____ml
Unwashed salvaged blood transfused ____ml
Hb before Intraoperative Cell Salvage transfused _____g/dl
Suction pressure: ____ mmHg
Processing Time: _____

Anticoagulant Type :
A.C.D ☐
Other concentration _____
Total Anticoagulant used _____ml
Allogeneic/lab blood transfused _____u
Reason Allogeneic blood transfused:

Other blood products transfused:
Platelets _____u Clotting factors _____u
Plasma _____u Cryo _____u

SUPPLY INFORMATION (Affix Labels)

Suction/Anticoagulation Line:

Reservoir:

Autotransfusion Set

COMMENTS/ADVERSE EVENTS:

Filters used: Leukoguard RS 1VTE ☐ Other filter ☐

POST-OPERATIVE RESULTS:

Cell Saver blood: Hb___ Hct___ Patient FBC: Hb: preop___ inop___ postop___ g/dl Hct postop____

Microbiology: Positive ☐ Negative ☐

Autotransfusionist print name:_____ Signature: _____ Date: _____

INTRA-OPERATIVE CELL SALVAGE