

Appendix III

Audit Proforma

Example of an Audit Proforma for Intraoperative Cell Salvage (Please present your own hospital proforma)

| Insert Organisation Name AUTOTRANSFUSION RECORD | | PATIENT IDENTIFICATION LABEL: | |
|---|---|---|--|
| CELL SALVAGE PROCEDURAL INFORMATION: Booked <input type="checkbox"/> Emergency <input type="checkbox"/> Unscheduled <input type="checkbox"/> | | UR No:..... | |
| CELL SALVAGE PROCEDURE: | | Name:..... | |
| Date: _____ Surgeon: _____ | | Address:..... | |
| Start Time (of procedure): _____ Anaesthetist: _____ | | DOB:/...../..... | |
| End Time: _____ Autotransfusionist: _____ | | | |
| PATIENT INFORMATION: Male <input type="checkbox"/> Female <input type="checkbox"/> | | | |
| Special Considerations: | | | |
| Blood Group: _____ Haemoglobin: _____g/dl | | SUPPLY INFORMATION (Affix Labels) | |
| HCT: _____ Weight : _____ | | Suction/Anticoagulation Line: | |
| INTRAOPERATIVE CELL SALVAGE DEVICE USED: Device 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | | Reservoir: | |
| Total volume in Intraoperative Cell Salvage suction _____ml | Anticoagulant Type : | | |
| Total Saline Wash (Swabs) _____ml | Heparin 30,000iu in 1L NaCl <input type="checkbox"/> A.C.D <input type="checkbox"/> | | |
| Total Saline used by surgeon _____ml | Other concentration _____ | | |
| Total Volume after wash/Processed _____ml | Total Anticoagulant used _____ml | | |
| Total washed Salvaged blood transfused _____ml | Allogeneic/lab blood transfused _____u | | |
| Unwashed salvaged blood transfused _____ml | Reason Allogeneic blood transfused: | | |
| Hb before Intraoperative Cell Salvage transfused _____g/dl | ----- | | |
| Suction pressure: _____ mmHg | Other blood products transfused: | | |
| Processing Time: _____ | Platelets _____u Clotting factors _____u | | |
| | - Plasma _____u Cryo _____u | | |
| COMMENTS/ADVERSE EVENTS: | | Autotransfusion Set | |
| Filters used: Lipiguard <input type="checkbox"/> Leukoguard RS 1VTE <input type="checkbox"/> Other filter <input type="checkbox"/> | | | |
| POST-OPERATIVE RESULTS: | | | |
| Cell Saver blood: Hb___ Hct___ Patient FBC: Hb: preop___ inop___ postop___ g/dl Hct postop___ | | | |
| Microbiology: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | |
| Autotransfusionist print name: _____ | | Signature: _____ Date: _____ Time at machine: _____ | |
| Autotransfusionist print name: _____ | | Signature: _____ Date: _____ Time at machine: _____ | |

INTRA-OPERATIVE CELL SALVAGE