

All Wales Intraoperative Cell Salvage (ICS) Data Collection Form

BHT Ref

This form should be completed for every ICS procedure commenced EVEN if the collection is not processed

1. Patient Details

Hospital/NHS number:	<i>ICS consumables stickers here</i>
Last name: <i>Addressograph may be used</i>	
First name: <i>(top copy only)</i>	
D.O.B:	
Address:	

Hospital:	Weight (Kg):	Pre-op. Hb (g/L):	Date taken:	Jehovah's Witness <input type="checkbox"/> <i>(tick if applicable)</i>
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2. Procedure Details

Procedure name:	Specialty:	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency
OPCS code:	<input type="checkbox"/> Cardiac <input type="checkbox"/> General <input type="checkbox"/> Gynaecology <input type="checkbox"/> Obstetrics <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Urology	<input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
Date of procedure:	<input type="checkbox"/> Vascular <input type="checkbox"/> Other: _____	

3. ICS Set-up and Running

Machine used: <input type="checkbox"/> Haemonetics <input type="checkbox"/> Sorin/LivaNova <input type="checkbox"/> Fresenius <input type="checkbox"/> Other: _____	Disposables used: <input type="checkbox"/> Collection reservoir <input type="checkbox"/> Processing set
ICS operator(s):	Anticoagulant used: <input type="checkbox"/> ACD-A (citrate) <input type="checkbox"/> Heparin

4. ICS Collection

Time collection started:	Volume of fluid collected (mL):	Was swab washing performed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the collected fluid processed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If collected fluid <u>not</u> processed, reason(s): <input type="checkbox"/> Inadequate volume collected <input type="checkbox"/> Insufficient trained staff <input type="checkbox"/> Technical/procedural issue <input type="checkbox"/> Clinical decision not to <input type="checkbox"/> Patient died <input type="checkbox"/> Other: _____			

ALL ICS BLOOD FOR REINFUSION MUST BE LABELLED BEFORE THE PATIENT LEAVES THEATRE

5. ICS Reinfusion

Volume of processed blood for reinfusion (mL):	Was the processed blood reinfused?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time reinfusion started:
Reinfusion filter(s) used: <input type="checkbox"/> Blood administration set <input type="checkbox"/> Lipid	<input type="checkbox"/> 40µ filter <input type="checkbox"/> Other: _____	<input type="checkbox"/> Leucodepletion <input type="checkbox"/> None
If processed blood <u>not</u> reinfused, reason(s): <input type="checkbox"/> Insufficient volume <input type="checkbox"/> Insufficient trained staff <input type="checkbox"/> Technical/procedural issue <input type="checkbox"/> Clinical decision not to <input type="checkbox"/> Patient died <input type="checkbox"/> Other: _____		

6. Theatre and First Stage Recovery

Allogeneic Red Cells given (number of units or mL) †:	Discharge Hb (g/L) ‡:	Time:
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† include last unit started prior to discharge from first stage recovery to the ward or critical care

‡ discharged from first stage recovery; Hb can be a measure taken from hemocue or blood gas analyser

ANY ADVERSE EVENT, OR TECHNICAL OR PROCEUDRAL ERRORS OR PROBLEMS SHOULD BE DOCUMENTED IN THE PATIENT'S RECORDS, REPORTED TO SHOT AND YOUR LOCAL ICS LEADS INFORMED

Top Copy – Patient Records (file with transfusion record)

Bottom Copy – Welsh Blood Service Blood Health Team

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