## 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:									
Last name: Addressogra	be used								
First name: (top c	opy only)								
D.O.B:					ICS	consumab	les		
Address:			stickers here						
			_						
Hospital		ght	Pre-op.		Date			Jehovah's Witness	
	(Kg)		Hb (g/L):		take	n:	(	tick if applicable)	
2. Procedure Details									
Procedure name:						Special	ty:	Elective	
ODCC and at		Cardiac		onoral				Emergency	
OPCS code:	□ Cardiac □ General □ □ □ Obstetrics □ Orthopaedics □ □				Gynaecology Urology		□ In hours		
Date of procedure:		🗆 Vascular		ther:				□ Out of hours	
- · · ·									
3. ICS Set-up and Running									
Machine used:	ova 🗌 Fresenius			Disposables $\Box$ Collection reservused: $\Box$ Processing set					
ICS operator(s):						Anticoagulant 🛛 ACD-A (citrate)			
						used:		] Heparin	
4. ICS Collection									
Time collection Vo	Was swab wash			ing □ Yes Was the collected □ Yes					
started: collected (mL):			performed?: 🗌 No fluid pr					processed? 🗌 No	
If collected fluid not Inadequate volume collected Insufficient trained staff Icchnical/procedural issue									
processed, reason(s):  Clinical decision not to Patient died Patient d									
ALL ICS BLOOD FO	R REINFU	SION MUST	BE LABELLE	D BEFORE TH	ie pa	TIENT LEAV	ES THE	ATRE	
5. ICS Reinfusion									
Volume of processed Was the processed $\Box$ Yes Time reinfusion									
blood for reinfusion (mL): blood reinfused? $\Box$ No started:									
Reinfusion 🗆 Blood administration set 🗆 40µ filter 🖾 Leucodepletion									
filter(s) used:  Lipid  Other:  None									
If processed blood not 🛛 Insuffici				icient trained	l staf	f 🗆	Technic	al/procedural issue	
reinfused, reason(s): 🗌 Clinical o	decision r	not to	Patier	nt died		Other:			
6. Theatre and First Stage Reco	overy								
Allogeneic Red Cells given	Discharge	e		Time:					
(number of units or mL) <sup>+</sup> :	Hb (g/L) <sup>‡</sup> :								
<ul> <li><sup>†</sup> include last unit started prior to discharge from first stage recovery to the ward or critical care</li> <li><sup>†</sup> discharged from first stage recovery; Hb can be a measure taken from hemocue or blood gas analyser</li> </ul>									
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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BHT Ref

This form should be completed for every ICS procedure commenced EVEN if the collection is not processed										
Hospital:	Weigl (Kg):		-			Date taken:			Jehovah's Witness (tick if applicable)	
2. Procedure Details										
Procedure name:	ocedure name:						Specialty:		<ul> <li>Elective</li> <li>Emergency</li> </ul>	
OPCS code:		□ Cardia □ Obste			eneral rthopaedics		Gynaecology Urology			
Date of procedure:				· ·					Out of hours	
3. ICS Set-up and Running										
Machine used: 🗌 Haemoneti					Fresenius	5	•		<ul> <li>Collection reservoir</li> <li>Processing set</li> </ul>	
ICS operator(s):							Anticoagul used:		ACD-A (citrate) Heparin	
4. ICS Collection							·			
Time collection started:	Volume of collected			Was swab wash performed?:			ning □ Yes Was the co □ No fluid proce		e collected	
If collected fluid <u>not</u> Inadequate volume collected Insufficient trained staff Technical/procedural issue processed, reason(s): Clinical decision not to Patient died Other:										
ALL ICS BLOOD FOR REINFUSION MUST BE LABELLED BEFORE THE PATIENT LEAVES THEATRE										
5. ICS Reinfusion										
Volume of processed       Was the processed       Yes       Time reinfusion         blood for reinfusion (mL):       blood reinfused?       No       started:										
					Dμ filter 🛛 Leucodepletion ther: □ None					
If processed blood not reinfused, reason(s):       Insufficient volume       Insufficient trained staff       Technical/procedural issue         If processed blood not reinfused, reason(s):       Clinical decision not to       Patient died       Other:										
			_							
6. Theatre and First Stage Recovery Allogeneic Red Cells given (number of units or mL) <sup>+</sup> :				Discharge Time: Hb (g/L) <sup>‡</sup> :						
<ul> <li><sup>†</sup> include last unit started prior to discharge from first stage recovery;</li> <li><sup>†</sup> to the ward or critical care</li> <li><sup>†</sup> discharged from first stage recovery;</li> <li><sup>†</sup> Hb can be a measure taken from hemocue or blood gas analyser</li> </ul>										
ANY ADVERSE EVENT, OR TECHNICAL OR PROCEUDRAL ERRORS OR PROBLEMS SHOULD BE										
DOCUMENTED IN THE	E PATIENT'	S RECORDS,	REPOR	TED TO	SHOT AND	YOU	IR LOCAL ICS	LEADS II	NFORMED	
Top Copy – Patient Records (file with transfusion record)       Bottom Copy – Welsh Blood Service Blood Health Team										