

REINFUSION OF SALVAGED BLOOD

AREA of APPLICATION

Reinfusion of the salvaged blood should follow standard blood transfusion practice. The responsible clinician should prescribe salvaged blood for reinfusion in the same manner as for allogeneic (donor) blood.

STAFF

All Staff involved in the cell salvage processing

PROCEDURE:

Labelling

The reinfusion bag should be labeled with the patient's first name, last name, hospital identification number, the date and time of initiation of collection and the time of expiration.

Reinfusion

Red cells salvaged intraoperatively should be kept at room temperature and reinfused in accordance with local policy which should be based on the American Association of Blood Banks guidelines¹.

Some devices can be used intraoperatively and continue to salvage postoperatively from drains. In this case, the red cells salvaged intraoperatively should be reinfused within 4 hours of processing and the red cells salvaged in the post operative period should be reinfused within 6 hours from the start of the postoperative collection.

Red cells salvaged intraoperatively should be given back to the patient using a filter to remove harmful components. The use of a 200µm screen filter found in a standard blood administration set is usual practice (see ICS Technical Factsheet *Number 7 – Use of Filters*).

Cell salvage manufacturers advise NOT to use a pressure cuff as there is a risk of air embolus from the air in the reinfusion bag (refer to manufacturers protocols). Some devices may also detect a back pressure if the reinfusion line is open. If necessary, the air can be removed by inverting the reinfusion bag and expelling the air via one of the giving set ports.

REFERENCES

1. American Association of Blood Banks (AABB) (2005) Standards for Perioperative Autologous Blood Collection and Administration (3rd Edition)