



AUTOLOGOUS TRANSFUSION

Untested Blood

For AUTOLOGOUS use only

**Complete this section and affix to the
reinfusion bag / system**

Unique patient ID N^o.....
Last name
First name
DOB
Operator name (Print)
Expires / Reinfuse by: Date.....Time.....

*(Calculate expiry time in accordance with national
& manufacturer guidelines and local policy)*

Type of autologous blood: (*Delete as appropriate)

Intra-op Cell Salvage (Washed/Filtered*)

Post-op Cell Salvage (Washed/Filtered*)

Other:

Transfusion Record

*Complete this section and affix in clinical record.
Enter date/time/signature below, each time the
reinfusion bag/system is connected to the patient*

Unique patient ID N^o.....

Full name

Type of autologous blood: (*Delete as appropriate)

Intra-op Cell Salvage (Washed/Filtered*)

Post-op Cell Salvage (Washed/Filtered*)

Other-.....

Checked & administered by			
Reinfusion started (date/time)			
Reinfusion stopped/end time			

Total volume reinfused mls

FOR CODING: X36.4: ICS set up; X33.7: Blood reinfused

STOP!



Label and reinfuse in accordance with national and manufacturer guidelines and local cell salvage / transfusion policies.

DO NOT separate autologous blood from the patient

DO NOT refrigerate

Before reinfusion :

1. Confirm the patient's identification (where possible ask the patient to state their NAME and DOB)
2. Check the information on the label matches the information on the patient identity band

No identity band - No transfusion

3. Check the 'expires/reinfuse by' date **and** time of the blood
4. If any details do not match, **Do not transfuse**
5. If a transfusion reaction is suspected, STOP the reinfusion and seek medical advice
6. Repeat steps 1 - 5 each time the reinfusion bag/system is reconnected to the patient

Reverse of adhesive label