EXETER INTRAOPERATIVE CELL SALVAGE-Audit Proforma

EITHER PATIENT LABEL	**OR** PLEASE WRITE
Affix here	NAME : NHS NUMBER : M/F : DOB :

DATE:

Please circle   **Please complete**

PATIENT REFUSING BANK BLOOD: YES/ NO	Pre op Hb:
IF OBSTETRIC PATIENT- RHESUS: NEG/ POS N/A	Pre op APTR:
	Pre op INR:

SPECIALITY: Please circle	**OPERATION:**
ORTHO/ VASCULAR / UROLOGY/ TRAUMA/ OBSTETRIC / GYNAE /OTHER SPECIFY/	

Please circle   **TIMING: Please circle**

MALIGNANCY: YES/ NO	EMERGENCY / ELECTIVE
INFECTION: YES/ NO	IN HOURS / OUT OF HOURS

PERSONNEL:

SURGEON: ANAESTHETIST:	CELL SALVAGE OPERATOR: PRINT: SIGN:

CELL SALVAGE DEVICE: TYPE .   Please circle

SORIN ELECTA/ HAEMONETICS CELL SAVER 5, NUMBER (1, 2, 3,   4,   5,   6) OTHER-SPECIFY

COLLECTION RESERVOIR LOT NO:

Affix here

VACUUM FILTER LOT NO:

Affix here

SWAB WASH: YES/ NO

PROCESSED :   YES /NO

REINFUSED: YES/ NO

FILTER USED: YES/ NO LOT NO: EXPIRY:

REASONS IF NOT REINFUSED: Please circle

STANDBY/INSUFFICIENT VOLUME/TRAINING/ TECHNICAL PROBLEM:-
MACHINE
DISPOSABLES
OPERATOR ERROR OTHER SPECIFY

ANTICOAGULANT: Please circle

HEPARIN / CITRATE/   LOT NO: OTHER- SPECIFY: EXPIRY:

CENTRIFUGE BOWL LOT NO:

Affix here

ASPIRATION & ANTICOAGULANT LOT NO:

Affix here

IF YES: VOLUME   ml

IF YES: VOLUME   ml

ESTIMATED BLOOD LOSS: ml

QC SAMPLE TAKEN: YES/ NO

CLINICAL ADVERSE EVENT: YES/ NO

If YES specify & record on an incident report form. **For office use** Reported to SHOT/SABRE/MHRA? YES/NO. If yes go to Dendrite link to website to complete details)