REINFUSION OF POSTOPERATIVE CELL SALVAGE (PCS) BLOOD

AREA of APPLICATION

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

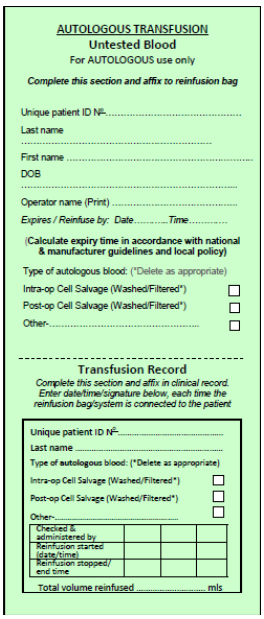
STAFF

All recovery and ward staff involved in the reinfusion of postoperatively salvaged blood.

PROCEDURE:

Labelling & Documentation

The collection device should be labeled with a minimum of the patient's first name, last name, unique identification number, date of birth and the date & time of expiration (see factsheet 3: Postoperative Blood Collection for Reinfusion). These details should also be included in the patient record along with the total volume drained and the total volume reinfused. In addition the label should clearly state "Untested Blood – For Autologous Use Only"[1]. Addressograph labels should not be used because of the known associated risks[2].



AUTOLOGOUS TRANSFUSION
Untested Blood
For AUTOLOGOUS use only

Complete this section and affix to reinfusion bag

Unique patient ID №.....
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 №.....
Last 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

Reinfusion

Blood for autologous transfusion should never be stored away from the patient or placed in any type of refrigerator. Shed blood collected postoperatively should be reinfused within its expiry time. The maximum collection time should be determined by local policy, however AABB guidelines[1] state that autologous blood collected postoperatively should be reinfused within 6 hours of the start of collection. The volume of blood collected, the rate of flow, and the time available to reinfuse should all be considered to ensure that the reinfusion is completed within the allowable time-frame. Any blood that has not been transfused within this time-frame should be discarded.

Reinfusion rates for autologous blood transfusion are no different from standard blood transfusion practice. The maximum reinfusion volume should be in accordance with the manufacturer's guidelines and under no circumstances should the volume reinfused exceed this amount. The patient's condition should also be considered when determining the reinfusion rate and the maximum volume to be reinfused.

For "unwashed" shed blood, reinfusion should always be via the filtration giving set provided. These giving sets contain a minimum of a 40µm screen filter, with some containing a combination of screen filters with variable pore size designed to limit potential contaminants. For all systems, the giving set must be primed according to the manufacturer's instructions.

Continuation of drainage

Following disconnection of the shed blood collection device, wound drainage may continue by the connection of a standard wound drain system. These are either provided as a separate disposable by the manufacturer of the PCS system or can be standard wound drainage systems used locally.

References

1. American Association of Blood Banks (AABB) (2013) Standards for Perioperative Autologous Blood Collection and Administration (5th Edition). edition)

2. British Committee for Standards in Haematology (2009) Guideline on the Administration of Blood Components http://www.bcshguidelines.com/documents/Admin_blood_components_bcsh_05012010.pdf (accessed 21.09.2015).