

UK Cell Salvage Action Group

The UK Cell Salvage Action Group is a subgroup of NHS Blood and Transplant Appropriate Use of Blood Group. It is made up of cell salvage experts from the UK.

Aims

- Support the wider implementation of cell salvage and facilitate a UK approach its use (both intra and postoperative cell salvage)
- Standardisation in the provision of cell salvage (training, labelling etc)
- Identification of issues which, if not addressed, could present significant risks to patients
- Promote the safe and appropriate use of cell salvage

Autologous Transfusion Label

All autologous blood should be labelled as soon as collection begins

AUTOLOGOUS TRANSFUSION
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No

Last name

First name

DOB

Operator Name (Print)

Expires/Reinfuse by: Date Time
 (Expiry time should be calculated in accordance with national & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's clinical record

Autologous Transfusion

Unique patient ID No

Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfusedmls

Version 2

STOP!

Label and reinfuse in accordance with national & manufacturer guidelines and your organisation's cell salvage/transfusion policies

DO NOT separate autologous blood from the patient

DO NOT Refrigerate

Before reinfusion, carry out the following checks:

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's identification band.

No identification band
No transfusion

3. Check the "Expires / Reinfuse by" date and time of the blood.
4. If any details do not match - Do not reinfuse
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.

What's changing?

- There is now a generic label for autologous blood.

Why the change?

- The UK Cell Salvage Action Group has identified a need for standard labelling of autologous blood to minimise the risk of errors.
- With the support of the UK cell salvage companies, the autologous transfusion label has been developed and **will be available through your cell salvage manufacturer.**

Autologous Transfusion Label

All autologous blood should be labelled as soon as collection begins

Format of the label

- The label is double sided, with space to record the patient and procedure details and information on the completion of the label, the “storage” of autologous blood and the procedure for reinfusion.
- The label should be attached to the autologous system using a cable tie.

Where can I find the labels?

- The labels will be supplied to your organisation by the company you purchase your equipment from. It is up to the individual responsible for cell salvage in your department to decide where the labels and cable ties will be kept.

AUTOLOGOUS TRANSFUSION
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No

Last name

First name

DOB

Operator Name (Print)

Expires/Reinfuse by: Date Time
 (Expiry time should be calculated in accordance with national & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's clinical record

Autologous Transfusion

Unique patient ID No

Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfusedmls

Version 2

STOP!

Label and reinfuse in accordance with national & manufacturer guidelines and your organisation's cell salvage/transfusion policies

DO NOT separate autologous blood from the patient

DO NOT Refrigerate

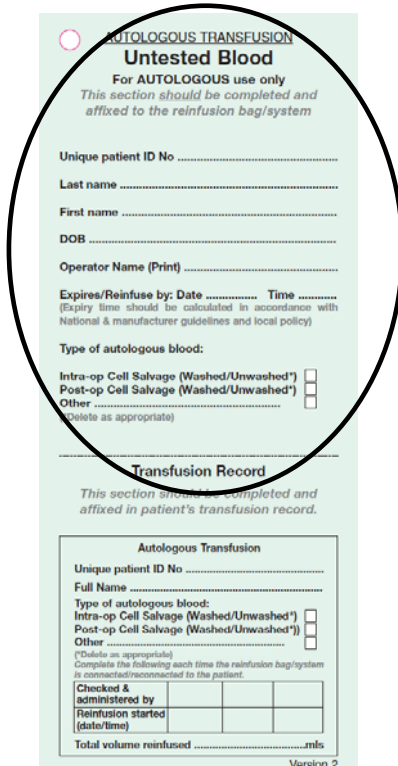
Before reinfusion, carry out the following checks:

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's identification band.

No identification band
No transfusion

3. Check the "Expires / Reinfuse by" date and time of the blood.
4. If any details do not match - Do not reinfuse
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.

Autologous Transfusion Label



AUTOLOGOUS TRANSFUSION
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No
 Last name
 First name
 DOB
 Operator Name (Print)

Expires/Reinfuse by: Date Time
 (Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other
 (Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion

Unique patient ID No
 Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other
 (Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.

Checked & administered by	Reinfusion started (date/time)	Total volume reinfusedmls

Version 2

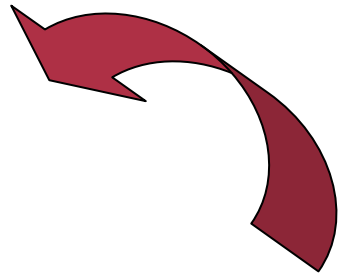
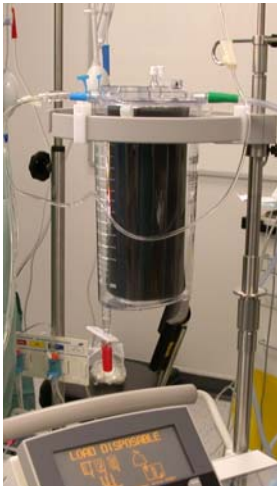
Completing the label

The following information should be completed in full at the start of the autologous transfusion procedure (i.e. at the start of blood collection):

- ✓ **Patient details - HANDWRITE** the details from patient's identification band (or approved method of patient identification if the identification band is not accessible)
- ✓ **Operator Name** - Name of the individual responsible for carrying out the autologous transfusion procedure
- ✓ **Times and Dates** - Record the time and date the autologous blood expires. The expiry time should be calculated in accordance with National guidelines and the organisation's autologous transfusion policy.
- ✓ **Type** - Tick relevant box and delete washed/unwashed as appropriate



Intraoperative Cell Salvage



Completing the label

- Attach the label immediately to:
 - ☒ the intraoperative cell salvage (ICS) collection reservoir if a “collect only” system has been used (this can then be transferred to the reinfusion bag as soon as the processing set is loaded) or
 - ☒ the ICS reinfusion bag if the full processing set has been set up from the start



☐ **AUTOLOGOUS TRANSFUSION**
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No 100198
 Last name Macdonald
 First name Morag
 DOB 11/07/1956
 Operator Name (Print) B. Responsible
 Expires/Reinfuse by: Date 27/02/11 Time 20:35
(Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:
 Intra-op Cell Salvage (Washed/Unwashed*) ☒
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
*(*Delete as appropriate)*

Transfusion Record
This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion
 Unique patient ID No _____
 Full Name _____
 Type of autologous blood:
 Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
*(*Delete as appropriate)*
 Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfused _____ mls

Version 2

Postoperative Cell Salvage

Completing the label

- Attach the label immediately to:
☒ the postoperative cell salvage (PCS) system. This might be a combined collection/reinfusion vessel or a reinfusion bag



☐ AUTOLOGOUS TRANSFUSION
Untested Blood
 For AUTOLOGOUS use only
 This section *should* be completed and affixed to the reinfusion bag/system

Unique patient ID No 100198
 Last name Macdonald
 First name Morag
 DOB 11/07/1956
 Operator Name (Print) B. Responsible
 Expires/Reinfuse by: Date 27/02/11 Time 20:35
 (Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:
 Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☒
 Other ☐
 (*Delete as appropriate)

Transfusion Record
 This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion
 Unique patient ID No _____
 Full Name _____
 Type of autologous blood:
 Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
 (*Delete as appropriate)
 Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfused _____ mls

Version 2

Autologous Transfusion Label

☐ **AUTOLOGOUS TRANSFUSION**
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No 100198
 Last name MacDonald
 First name Morag
 DOB 11/07/1956
 Operator Name (Print) B. Responsible
 Expires/Reinfuse by: Date 27/02/11 Time 20:35
(Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☒
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
(*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion			
Unique patient ID No	<u>100198</u>		
Full Name	<u>MacDonald Morag</u>		
Type of autologous blood:	Intra-op Cell Salvage (Washed/Unwashed*) <input checked="" type="checkbox"/> Post-op Cell Salvage (Washed/Unwashed*) <input type="checkbox"/> Other <input type="checkbox"/>		
<small>(*Delete as appropriate) Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.</small>			
Checked & administered by			
Reinfusion started (date/time)			
Total volume reinfused	<u>.....</u> mls		

Version 2

Pre-transfusion Checks

Carry out pre-transfusion checks according to your Organisation's Transfusion Policy

These should include:

Checking the:

- ☒ patient's identification against the label
- ☒ prescription chart
- ☒ expiry time



Taking

- ☒ baseline observations

Looking for:

- ☒ signs of damage, discolouration, clumping etc in the autologous blood

If there is **ANY** discrepancy – **DO NOT** transfuse

Autologous Transfusion Label

Transfusion Record

Details of the autologous transfusion **MUST** be recorded in the patient's clinical records/ transfusion record.

- Complete the information required on the peel off section of the autologous label and affix in the appropriate place in the patient's clinical records/transfusion record

Begin the reinfusion of the autologous blood

Ensure:

- The patient is monitored throughout the reinfusion of the autologous blood
- Observations are taken according to local policy

If there is any sign of reaction, **STOP** the reinfusion and seek immediate advice from the responsible clinician

☐ **AUTOLOGOUS TRANSFUSION**
Untested Blood
For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No 100198
Last name MacDonald
First name Morag
DOB 11/07/1956
Operator Name (Print) B. Responsible
Expires/Reinfuse by: Date 27/02/11 Time 20:35
(Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:
Intra-op Cell Salvage (Washed/Unwashed*) ☒
Post-op Cell Salvage (Washed/Unwashed*) ☐
Other ☐
(*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion
Unique patient ID No
Full Name
Type of autologous blood:
Intra-op Cell Salvage (Washed/Unwashed*) ☐
Post-op Cell Salvage (Washed/Unwashed*) ☐
Other ☐
(*Delete as appropriate)
Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfusedmls

Version 2

Autologous Transfusion Label

☐ **AUTOLOGOUS TRANSFUSION**
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No

Last name

First name

DOB

Operator Name (Print)

Expires/Reinfuse by: Date Time
 (Expiry time should be calculated in accordance with National & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐
 (*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's transfusion record.

Autologous Transfusion

Unique patient ID No

Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐
 (*Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient.

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfusedmls

Version 2

☐ **STOP!** ☐

Label and reinfuse in accordance with National & manufacturer guidelines and your hospital's cell salvage/transfusion policies

DO NOT separate autologous blood from the patient

DO NOT Refrigerate

Before reinfusion, carry out the following checks:

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's identification band

No identification band
No transfusion

3. Check the "Expires / Reinfuse by" date and time of the blood.
4. If any details do not match - **Do not reinfuse**
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.

Feedback

The UK Cell Salvage Action Group always welcomes feedback from users.

If you have any comments regarding the label, please pass these on to the designated person in your department who will feed them back to the UK Cell Salvage Action Group.