

Summary of changes to “Policy for the provision of Intraoperative Cell Salvage V2”

Page	Section/change	Justification
Page 1 Guidance	Guidance: The guidance for the policy has been updated to ensure clarity over the types of cell salvage the policy does and does not cover.	The recent development of new intraoperative, postoperative and combined washed and unwashed cell salvage systems have resulted in the need to clarify the scope of this policy.
Contents Page	“Please Ask About Cell Salvage” Patient Information Leaflet: Title changed.	To reflect the correct document title.
Page 3	Introduction: References updated.	To reflect the publication of Better Blood Transfusion 3.
Page 7	Labelling Responsibilities: Guidance updated.	To ensure the policy and other UK Cell Salvage Action Group documents recommend the same practice and to accommodate regional differences in the identification number used.
Page 7	Individual Responsibilities: Guidance updated.	To ensure the policy and other UK Cell Salvage Action Group documents recommend the same practice.
Page 8	Documentation Responsibilities (Point 5.): Guidance updated.	To clarify the text.
Page 11	Warnings: Terminology updated.	To ensure terminology is consistent with other UKCSAG documents.
Page 11	Sickle Cell Disease: Guidance updated.	To reflect recommended best practice.
Page 12	Malignancy: References added.	To highlight currently available information.
Page 14	Wash Solution: Terminology updated.	To ensure terminology is consistent with other UKCSAG documents.
Page 14	Labelling: Guidance updated.	To accommodate regional differences in the identification number used.
Page 15	Labelling: Guidance updated.	To clarify the procedure.
Page 15	Reinfusion (Filters): Guidance updated.	To ensure the policy and other UK Cell Salvage Action Group documents recommend the same practice.

Page 15	Reinfusion (“Storage”) : Guidance moved to a separate section.	Reference to “Storage” have been moved to a section solely relating to the issue. This is to ensure clarity over acceptable practice.
Page 15	Reinfusion (Positive Patient Identification) : Guidance updated.	To clarify the procedure.
Page 16	“Storage” : New section.	To clarify acceptable procedure with regard to the “storage” of ICS blood.
Page 16	Expiry : Guidance updated.	To highlight the differences between washed and unwashed systems and clarify expiry times.
Page 17	Documentation : Guidance updated.	To clarify the procedure and text.
Page 19	Product Quality : Guidance updated.	To direct the user to the relevant local policy/procedure document.
Page 22	Implementation and Distribution of the Policy : Distribution list updated.	
Page 24	References : References updated.	To reflect changes within the policy.
Appendix I	Audit Proforma : Example added.	
Appendix II	ICS Competency Assessments : Updated.	To reflect revised document.
Appendix III	Obstetrics : Guidance on filters updated.	To clarify the text.
Appendix IV	Patient information leaflet : Information added.	
Appendix V	Label : Image updated.	To reflect the revised label.
Appendix VIII	“Will I need a blood transfusion?” : Information updated.	