HEALTHCARE

OR CELL SAVER RECORD

☐ Elective ☐ Emergent ☐ Standby

Emergency Response Time: _____
OR Arrival Time: _____

CDIS Number	Checklist – Time Completed
Procedure:	☐ Machine checked
Allergies	☐ Type of fluids checked
Surgeon:	☐ Fluid expiration dates checked
Anesthesia:	☐ OSHA Guides followed(gloves, eye protection)
Technician:	☐ Integrity of packaging OK
Anticoagulant Solution	☐ Circuit assembled correctly
ATS Equip. Serial #:	☐ Vacuum adjusted
Age: Sex: Ht in/cm Wt lb/Kg	☐ Transfer packs labeled
Est Bld Vol Hgb/HCT:	☐ Documentation Correct
Platelet Cnt: PT: PTT:	**Anticoagulation Checklist** ☐ Expiration dates checked
IO Start: End: Total:	☐ Bag labeled
PO Start: End: Total:	☐ Added to NS

PROCEDURE DOCUMENTATION

Process Time	Fill Vol.	Fill Speed	Wash Speed	Wash Vol.	ATS Vol.	ATS Vol. Given to
TOTAL						

ATS FLUID SUMMARY

Total Fill Volume=	mL
(-) Total Irrigation = Thru ATS Circuit	mL
(-) Total Anticoagulation =	mL
(=) Total ATS EBL =	mL
Total ATA Volulme =	mL

DISPOSABLES USED

Manufacturer	Model #	Lot #

COMMENTS

Signature: _____ Date: _____