

Date	Start Time	Stop Time	Height (cm)	Weight (kg)	Allergies	Machine Serial #
Pre-Op Hct	Pre-Op Hgb	Pre-Op Platelet	Surgeon		Anesthesiologist	
Autotransfusionist			Procedure			

Please check all that apply

☐ Intra ☐ Post ☐ Bring Back ☐ Scheduled ☐ Emergent ☐ No Processing  
☐ Cardiac ☐ Vascular ☐ Neurosurgery ☐ Urology ☐ Orthopedic ☐ Ob-Gyn ☐ Trauma ☐ Transplant ☐ General ☐ \_\_\_\_\_

**Equipment Used (please check):**

	Equipment	Quantity	Lot #	Expiration Date
<input type="checkbox"/>	Anticoagulant			
<input type="checkbox"/>	Cardiotomy			
<input type="checkbox"/>	Bowl			
<input type="checkbox"/>	Suction Line			
<input type="checkbox"/>	Cell Saver Kit			
<input type="checkbox"/>	Spike Adaptor			
<input type="checkbox"/>	Filter			
<input type="checkbox"/>	Blood Bags			
<input type="checkbox"/>	Other			
<input type="checkbox"/>	Other			

**Cell Salvage Procedure:**

	Time							Totals
1	Total Volume Collected (ml)							
2	Anticoagulant Used (ml)							
3	Irrigation used (ml)							
4	Estimated Blood Loss (ml) Column 1 - (Column 2 + Column 3)							
5	Volume of Returned Red Blood Cells (ml)							
6	Disposition of Washed Unit	A or P	A or P	A or P	A or P	A or P	A or P	
7	Blood inspected prior to infusion	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	
8	Wash Volume (ml)							

Sequestration Procedure: ☐ Yes ☐ No

Sequestration Procedure converted to Cell Salvage: ☐ Yes ☐ No

**Platelet Gel Administered**

**Volume Sequestration/Administration**

	Time	Administered by:
Total Volume Sequestered = _____ ml		
Platelet Rich Plasma = _____ ml		
Platelet Poor Plasma = _____ ml		
Red Blood Cells = _____ ml		

Platelet Gel Recipe = \_\_\_\_\_ ml (PRP) + \_\_\_\_\_ ml (Calcified Thrombin)

Time	Amount (ml)	Administered by:	Reaction
		<input type="checkbox"/> Surgeon <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Surgeon <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Surgeon <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Surgeon <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transfusion Reaction: ☐ Yes ☐ No

Autotransfusionist Signature: \_\_\_\_\_ (Initials): \_\_\_\_\_

**Autologous Blood Salvage Record**

## Autotransfusion Procedure Checklist

Check when completed or draw line through if not applicable

- ☐ Chart/Procedure Reviewed
- ☐ Expiration date of Fluids, Drugs and Disposables checked
- ☐ Anticoagulant prepared and labeled
- ☐ Circuit Assembly completed
- ☐ Re-infusion bag main clamp OPEN and pigtail clamps closed
- ☐ Proper Program selected
- ☐ Personal Protective Equipment available
- ☐ Vacuum adjusted (100-200 mmHg)
- ☐ Processed blood labeled with patient ID
- ☐ Circuit disposed according to hospital policy
- ☐ Quality Control of Washed Cells performed    RESULT: \_\_\_\_\_

### Sequestration Procedure Only

- ☐ Blood removed from patient labeled with patient ID
- ☐ Sequestered blood products labeled with patient ID
- ☐ Sequestered blood products verified with patient ID armband
- ☐ Quality Control of PRP performed

### Autotransfusion Procedure Legend

PRP = Platelet Rich Plasma  
PPP = Platelet Poor Plasma  
RBC = Red Blood Cells  
P = Pump  
R.I.S. = Rapid Infusion System  
A = Anesthesia  
Y = Yes  
N = No

Completed by: \_\_\_\_\_