

STAFF RESPONSIBILITY FOR “UNWASHED” POSTOPERATIVE CELL SALVAGE (PCS)

AREA of APPLICATION

To clarify staff roles for the three separate stages of autologous postoperative blood salvage.

STAFF

Only nursing / medical staff trained and competent in the postoperative salvaged (PCS) autologous blood process should undertake this procedure.

PRE-OPERATIVELY

The **responsible clinician** should ensure that the patient consent has been obtained for the procedure in line with local policy.

IN THEATRE

The intention to use PCS should be stated within the WHO Surgical Safety Checklist “Time Out” before the start of the surgical intervention.

All staff in theatre should be aware that PCS will be used and modify their practice accordingly e.g. by avoiding the introduction of non-intravenous (IV) substances into the wound.

After the surgical procedure but before total wound closure:

- The **Circulating Staff Member** should pass the sterile pack containing the trochar and wound drain tubing to
- The **Scrub Nurse** who will unwrap the pack, clamp the wound drain tubing and pass the contents to
- The **Surgeon** who will insert the trochar and wound drain tubing deep through the wound site (a further superficial drain may be inserted and connected to deep drain via a Y connector).
- The **Circulating Staff Member** should assist the **Scrub Nurse** in preparing the PCS device as appropriate and according to manufacturer’s instructions.
- The **Circulating Staff Member**, checking with the **Anaesthetist**, should also complete the labelling of the PCS System with the patient’s unique identification details/expiry time of the PCS blood (it is recommended that the UK Cell Salvage Action Group Autologous Transfusion Label is used for labelling the reinfusion bag in addition to any manufacturer specific labelling). Any documentation should also be completed according to local policy (this may include recording the time and date of wound closure/start of collection, lot number of the device and calculated expiry time and date on the approved local documentation).
- The **Anaesthetist** should write the order/authorisation for reinfusion of PCS blood on the appropriate documentation (usually the intravenous fluid prescription chart) as per the local protocol.

- **It is necessary** to ensure that venous access is adequate to allow for reinfusion of the autologous blood. If it is anticipated concurrent drug infusion will be required postoperatively then a separate peripheral venous cannula for blood infusion should be used. To avoid delays on the ward, it is helpful to inset the additional cannula before leaving theatre at the end of surgery. It may be worth considering insertion before, or immediately after induction of anaesthesia.

IN RECOVERY

- The **Recovery Nurse** should activate the PCS device for suction as per the manufacturer's instructions. S/he should complete all documentation as per local policy. S/he should monitor blood collection and report excessive or sustained blood loss as dictated by local policy.

ON THE WARD

- The **Ward Nurse** should check the label on the PCS system has been completed correctly, that the patient information matches that on the identification band that is worn by the patient and that the blood is draining.
- After the agreed drainage time according to the local protocol (or if the system has filled sooner), the **Ward Nurse** can instigate reinfusion providing the necessary pre-transfusion checks have been completed (see PCS Administration Technical Factsheet). A second drainage system may then be attached if necessary but only providing the expiry time for collecting and reinfusing the PCS blood has not been exceeded and that the total volume of PCS blood already collected for reinfusion is not in excess of the maximum volume as recommended by the system manufacturer.
- When reinfusion is completed the **Ward Nurse** should record the time, date and volume of blood reinfused according to local policy.
- The **Ward Nurse** should then disconnect the PCS device and discard as per local control of infection policy.

INCIDENT REPORTING

- Any incidents involving technical failure, operator error, adverse reactions or inappropriate storage should be reported through appropriate mechanisms e.g. local hospital incident reporting, MHRA or Serious Hazards of Transfusion (SHOT).

The information contained in this PCS Technical Factsheet has been sourced from members of the UK Cell Salvage Action Group (UKCSAG) and is generally agreed to be good practice. However UKCSAG do not accept any legal responsibility for errors or omissions.

