ADMINISTRATION OF SALVAGED BLOOD

AREA of APPLICATION

To ensure safe practice the same local procedures for the administration of allogeneic (donor) blood should be followed for the reinfusion of cell salvaged blood. Positive patient identification is essential as the cell salvaged blood is untested and there is a significant risk of ABO-incompatibility if the blood is given to the wrong patient. Cell salvaged blood should be kept with the patient at all times.

STAFF

All nursing / medical staff who administer cell salvaged blood.

PRESCRIPTION

Cell salvaged blood must be authorised for the patient in the same way as any other blood or blood component transfusion.

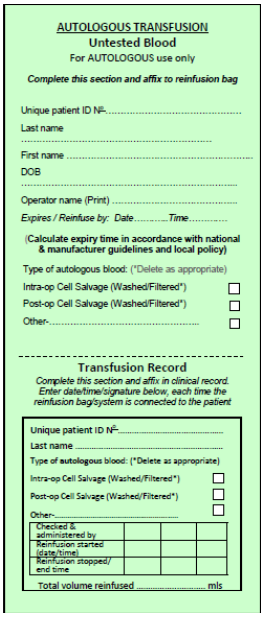
ADMINISTRATION

Pretransfusion checks must be completed at the patient's bedside prior to commencing transfusion to ensure the right patient receives the right blood:

1. Check the patient's clinical record for documentation relating to informed consent for cell salvage to be used (if consent prior to use cannot be obtained e.g. in an emergency, information must be given to the patient retrospectively if any cell salvaged blood is reinfused).

2. Patient observations (temperature, pulse, BP and respiratory rate) should be performed and recorded in the same way as for transfusion of allogeneic blood, in accordance with the Organisation's Blood Transfusion Policy. Additional observations are at the discretion of clinical staff based on individual patient assessment.

3. Check that the reinfusion bag is labelled with an "Autologous transfusion" label (opposite) which includes handwritten details (addressograph labels must not be used[1]) to include the patient's first name, last name, date of birth, unique patient identification number and the expiry time of the cell salvaged blood.



AUTOLOGOUS TRANSFUSION
Untested Blood
For AUTOLOGOUS use only

Complete this section and affix to reinfusion bag

Unique patient ID №.....
Last name .....
First name .....
DOB .....
Operator name (Print) .....
Expires / Reinfuse by: Date.....Time.....

(Calculate expiry time in accordance with national & manufacturer guidelines and local policy)

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

Transfusion Record

Complete this section and affix in clinical record. Enter date/time/signature below, each time the reinfusion bag/system is connected to the patient

Unique patient ID №.....
Last name .....
Type of autologous blood: (*Delete as appropriate)
Intra-op Cell Salvage (Washed/Filtered*) ☐
Post-op Cell Salvage (Washed/Filtered*) ☐
Other-..... ☐

Checked & administered by			
Reinfusion started (date/time)			
Reinfusion stopped/ end time			

Total volume reinfused ..... mls

4. Check the reinfusion bag for any signs of leakage, clots or abnormal colour.

5. Identify the patient. Check the name, date of birth and unique patient identification number on the autologous transfusion label against the patient's identification band and the prescription.

6. Check expiry time & date on the reinfusion bag. Discard any expired blood in accordance with local hazardous waste management procedures.

7. Administer cell salvaged blood via a standard blood administration set*. Once reinfusion has commenced observations (temperature, pulse, BP and respiratory rate) should include a minimum of initial (15 minutes after reinfusion has commenced) and post-reinfusion (within 60 minutes following completion of the reinfusion).

8. Document reinfusion details in the patient's clinical record.

* In certain cases e.g. obstetric and malignant cases, it is recommended that other filters are used for reinfusion of salvaged blood (see ICS Technical Factsheet Number 7 – Use of Filters).

REFERENCES

1. British Committee for Standards in Haematology (2009) Guideline on the Administration of Blood Components http://www.bcshguidelines.com/documents/Admin_blood_components_bcsh_05012010.pdf (accessed 21.09.2015).