ADMINISTRATION OF POST-OPERATIVE 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 autologous blood. Positive patient identification is essential as the autologous blood is untested and there is a significant risk of ABO-incompatibility if the blood is given to the wrong patient.

Autologous blood should be kept with the patient at all times.

STAFF

All nursing / medical staff who administer salvaged autologous blood.

PRESCRIPTION

Autologous blood should be authorised for the patient in the same way as any other blood or blood component transfusion.

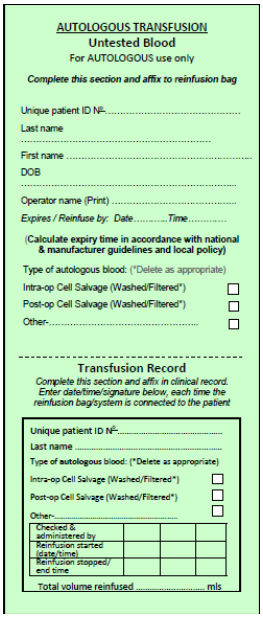
ADMINISTRATION

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

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. Baseline observation. Record the patient's vital signs prior to the start of transfusion.

3. Check that the reinfusion bag is labelled with an "Untested Blood – For Autologous Use Only"[1] label which has been completed to include the patient's first and last name, date of birth, unique identification number and the date and time of expiry.



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. Identify the patient; if possible, ask them to state their name and date of birth and check that this is consistent with the patient's identification band. Also, check the full name, date of birth and unique identification number on the pack tag/label matches the patient's identification band exactly[2].

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

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

7. Administer blood using the filtration giving set provided*. 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.

8. Document reinfusion/administration details in the patient's medical record.

*Where a combined intraoperative & postoperative system is being used and the final product is washed, a standard blood administration set is adequate.

Reference

1. American Association of Blood Banks (AABB) (2013) Standards for Perioperative Autologous Blood Collection and Administration (5th Edition). edition)

2. 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).