Appendix III

Audit Proforma

Example of an Audit Proforma for Intraoperative Cell Salvage (Please present your own hospital proforma)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insert Organisation Name AUTOTRANSFUSION RECORD** | | | | | | | | | | | | | | | | |
| **CELL SALVAGE PROCEDURAL INFORMATION:** Booked **□** Emergency **□** Unscheduled **□** | | | | | | | | | | | | | | | | |
| **CELL SALVAGE PROCEDURE:** | | | | | | | | | | | | | | | | |
| Date: | | | Surgeon: | | | | | | | | | | | | | |
| Start Time (of procedure): | | | Anaesthetist: | | | | | | | | | | | | | |
| End Time: | | | Autotransfusionist: | | | | | | | | | | | | | |
| **PATIENT INFORMATION:**  Male **□**  Female **□** | | | | | | | | | | | | | | | | | | |
| Special Considerations: | | | | | | | | | | | | | | | | | | |
| Blood Group: \_\_\_\_ Haemoglobin:\_\_\_\_\_g/dl HCT: \_\_\_\_\_ Weight :\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **INTRAOPERATIVE CELL SALVAGE DEVICE USED:**  Device 1 □ 2 □ 3 □ | | | | | | | | | | | | | | | | | |
| Total volume in Intraoperative Cell Salvage suction | | | | | \_\_\_\_ml | | |  | Anticoagulant Type : | | | | | | | | |
| Total Saline Wash (Swabs) | | | | | \_\_\_\_ml | | |  | Heparin 30,000iu in 1L NaCI □ A.C.D □ | | | | | | | | |
| Total Saline used by surgeon | | |  | | \_\_\_\_ml | | |  | Other concentration \_\_\_\_\_\_\_\_ | | | | | | | | |
| Total Volume after wash/Processed | | | | | \_\_\_\_ml | | |  | Total Anticoagulant used \_\_\_\_\_\_ml | | | | | | | | |
| Total washed Salvaged blood transfused | | | | | \_\_\_\_ml | | |  | Allogeneic/lab blood transfused | | | | | | | \_\_\_\_\_u | |
| Unwashed salvaged blood transfused | | | | | \_\_\_\_ml | | |  | Reason Allogeneic blood transfused: | | | | | | |  | |
| Hb before Intraoperative Cell Salvage transfused | | | | | \_\_\_\_\_\_g/dl | | |  |  |  | | |  | | |  | |
| Suction pressure: | | | | | \_\_\_\_ mmHg | | |  | Other blood products transfused: | | | | | | | | |
| Processing Time: | | | | | \_\_\_\_\_\_\_\_ | | |  | Platelets | | \_\_\_\_\_u | | | Clotting factors | | \_\_\_\_\_u | |
|  |  |  |  | |  | | |  | Plasma | | \_\_\_\_\_u | | | Cryo | | \_\_\_\_\_u | |
| **COMMENTS/ADVERSE EVENTS:** | | | | | | | | | | | | | | | | | |
|
| Filters used**:** Lipiguard □ Leukoguard RS 1VTE □ Other filter □ | | | | | | | | | | | | | | |  | | |
| **POST-OPERATIVE RESULTS**: | | |  |  | |  |  | | |  | |  | | |  | | |
| Cell Saver blood: Hb\_\_\_ Hct\_\_\_ Patient FBC: Hb: preop\_\_\_ inop\_\_\_ postop\_\_\_ g/dl Hct postop\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Microbiology: Positive □ Negative □ | | | | | | | | | | | | | | | | | |
| Autotransfusionist print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time at machine: \_\_\_\_\_\_\_\_\_  Autotransfusionist print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time at machine: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
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