Appendix III

Audit Proforma

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

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| **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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