



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-BBK-07.16 Perioperative Blood Salvage-PRO		
ISSUED BY:	Sr Tech, Blood Bank	REFERENCE #:	LAB-SPC-BBK-07.15-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2008-04-16

SCOPE: All nursing, physician, and laboratory staff involved with blood salvage operations.

PRINCIPLE:

The use of peri-operative blood services offers an alternative to traditional blood transfusion procedures. Blood that is normally wasted during surgery can be collected, washed, and re-infused to the patient.

I. PROCEDURE:

- A. **RESPONSIBILITY:** Perioperative blood collection is contracted out to Carolina Auto-transfusion, Inc. of Columbia, South Carolina through the Surgery Department and is overseen by the laboratory medical director and the blood bank senior tech.
- B. **REQUISITION:** Perioperative blood recovery service is requested by the physician and/or the surgery department by calling Carolina Auto transfusion.
- C. **CELL SAVER TRANSFUSIONISTS:** Provided by Carolina Auto transfusion.
- D. **LABELING REQUIREMENTS:** All labeling is the responsibility of Carolina Auto transfusion.
- E. **EQUIPMENT:** The cell saver machines are the property of Carolina Auto transfusion.
- F. **QUALITY CONTROL PROCEDURES:** The responsibility of Carolina Auto transfusion
 - A. Documentation of performed procedures provided by Carolina Auto transfusion to the Hospital Blood Bank. This report is sent on each patient as well as a quarterly summary report.
 - B. Equipment check documentation is available upon request to Carolina Auto transfusion.

- II. **ADVERSE REACTIONS:** Any adverse reaction during the procedure is the responsibility of the transfusionist and post procedure is monitored and documented by the nursing staff.

****NOTE****

All documentation from the use of the cell saver will be forwarded to the Blood Bank for review.



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These forms will be kept in the Blood Bank. If any criteria is not met it will be forwarded to the laboratory manger/ assistant manager for further review and follow up.

RECORDS: EHR ; BBK documentation review

REFERENCE STANDARDS: NA

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
07-31-11 jo	All	Review and Revisions saved electronically in lab G drive
11-23-11 lds	Format	Change to MCN format
03-28-13wm	Format	Newest format. Deleted portions of this procedure that were redundant to nursing responsibilities (identification of adverse reactions)lds
03/31/15wm	Note	Removed QA/QI coordinator. No content changes
04/04/17wm	All	Reviewed no changes