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| **Intraoperative Blood Salvage Program** | | | | | | |
| **Purpose** | This process defines the authority, responsibility and accountability of the intraoperative/perioperative blood recovery and reinfusion program used at Children’s Minnesota | | | | | |
| **Policy Statements** | * The procedures for intraoperative and perioperative blood recovery and reinfusion must ensure the safety and efficacy of the recovered blood components, and comply with AABB Perioperative Blood Collection and Administration Standards. | | | | | |
| **Process** |  | | | | | |
|  | **Activity** | | | | | **Responsible Party** |
|  | 1 | * Overall review of intraoperative blood recovery program. * Transfusion Service provides input on policies and procedures related to intra- and perioperative blood collection and reinfusion. | | | | Transfusion Service Medical Director |
|  | 2 | * Review QC testing results from blood salvage procedures. | | | | Transfusion Technical Specialist or designee |
|  | 3 | * Medical and technical policies and procedures related to the appropriate use of these devices as related to patient care:   + Respond to supplier qualification and customer issues   + Review service agreements.   + Review of records     - Training     - Competency     - Corrective actions  |  | | --- | |  | | | | | Medical Director of each program or designee |
|  | 4 | * Develop, maintain and update all standard operating procedures. * Maintain, calibrate and monitor equipment * Maintain records of training and competency. * Monitor processes to ensure the safety and quality of the product. * Maintain Quality Site Manual for Children’s Minnesota * Perform intraoperative/perioperative blood recovery and reinfusion * Document all cases * Ensure all components and critical materials used in processing are traceable * Perform QC testing on all intraoperative/periopertive blood recovery.   + Potassium     - <6.5 mEq/L   + HGB     - Acceptable range ≥15 g/dL | | | | Outside Children’s Minnesota contract vendor |
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| **References** | 1. Transfusion Medicine Checklist, CAP Accreditation Program, current edition. Northfield, IL: College of American Pathologist | | | | | |
| **Approval**  **Workflow** | Transfusion Service/Lab Director | | | | | |
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| **Historical Record** | **Version** | | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** | |
| 1 | | S. Cassidy | 11/24/2017 | Initial Version | |