

SHOT Dendrite database Cell salvage dataset

Registration	
Date and time of event	<input style="width: 95%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Patient date of birth	<input style="width: 95%;" type="text"/>
Event times	<input type="checkbox"/> 08:00 - 20:00 hours <input type="checkbox"/> 20:00 - 24:00 hours <input type="checkbox"/> 00:00 - 08:00 hours
Give a brief description of the adverse event or reaction	<div style="border: 1px solid black; height: 80px; width: 95%;"></div>

Procedure

Procedure	
Surgical procedure	<input style="width: 95%;" type="text"/>
Date/time of procedure	<input style="width: 95%;" type="text"/>
Speciality	<input type="checkbox"/> Orthopaedic <input type="checkbox"/> Vascular <input type="checkbox"/> Cardiac <input type="checkbox"/> Urology <input type="checkbox"/> Gynaecology <input type="checkbox"/> Hepatobiliary <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Plastics <input type="checkbox"/> Trauma <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other
Other speciality	<input style="width: 95%;" type="text"/>
Surgical priority	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency
Type of cell salvage	<input type="checkbox"/> Intra-operative <input type="checkbox"/> Post-operative <input type="checkbox"/> Combined

Cell salvage

Cell salvage	
Which ICS machine used	<input type="text"/>
Anti-coagulant used	<input type="checkbox"/> ACD <input type="checkbox"/> Heparin <input type="checkbox"/> Other
Operator	<input type="checkbox"/> ODP <input type="checkbox"/> Perfusionist <input type="checkbox"/> Consultant anaesthetist <input type="checkbox"/> Anaesthetist (non-consultant grade) <input type="checkbox"/> Nurse <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial <input type="checkbox"/> Other
Was leucocyte depletion filter used	<input type="checkbox"/> No <input type="checkbox"/> Yes
Why was leucocyte depletion filter used	<input type="text"/>
Post-operative cell salvage system	<input type="checkbox"/> CBCII Constvac blood conservation system <input type="checkbox"/> CellTrans <input type="checkbox"/> Bellovac ABT <input type="checkbox"/> HandyVac ATS <input type="checkbox"/> Other
Other Post operative system	<input type="text"/>
Date/time cell salvage commenced	<input type="text"/>

Re-infusion

Re-infusion	
Date/time re-infusion of red cell commenced	<input type="text"/>
Volume of red cells re-infused	<input type="text"/>
Was the re-infusion bag labelled	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Was the patient monitored during re-infusion	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
Was the monitoring	<input type="checkbox"/> Continuous <input type="checkbox"/> 15 minutes after start <input type="checkbox"/> Other
Other monitoring	<input type="text"/>

Incident details

Incident details	
Type of incident	<input type="checkbox"/> Adverse event <input type="checkbox"/> Machine failure <input type="checkbox"/> Reaction
What was the adverse event due to operator error	<input type="checkbox"/> None <input type="checkbox"/> Equipment not assembled correctly <input type="checkbox"/> Incorrect dilution of heparinised saline <input type="checkbox"/> Non I.V. saline used <input type="checkbox"/> Contra-indicated substances reinfused <input type="checkbox"/> Collection time exceeded <input type="checkbox"/> Other
Other operator error	<input type="text"/>

<p>Was the adverse event clinical</p>	<input type="checkbox"/> No <input type="checkbox"/> Pulmonary embolus <input type="checkbox"/> Arterial embolus <input type="checkbox"/> Air embolus <input type="checkbox"/> Other <input type="checkbox"/> Coagulopathy
<p>Other clinical event</p>	<input type="text"/>
<p>Machine failure</p>	<input type="checkbox"/> Clotting of lines <input type="checkbox"/> Clotting of filters <input type="checkbox"/> Machine stopped working <input type="checkbox"/> Other failure
<p>Other machine failure</p>	<input type="text"/>
<p>Has this machine failure been reported to the MHRA</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Adverse reaction</p>	<input type="checkbox"/> Rigors <input type="checkbox"/> Temperature >2°C <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Hypotension <input type="checkbox"/> Other
<p>Other adverse reaction</p>	<input type="text"/>
<p>Additional adverse event comment</p>	<input type="text"/>
<p>Outcome</p>	<input type="checkbox"/> Death <input type="checkbox"/> Major morbidity <input type="checkbox"/> Minor morbidity <input type="checkbox"/> No adverse outcome