Cell Salvage and Autologous Transfusion (CS) - Previous Recommendations

Year first made	Action	Recommendation
2011	HTTs, Cell Salvage Teams; Anaesthetists	All intraoperative cell salvage (ICS) and postoperative cell salvage (PCS) related adverse events and reactions should be reported to SHOT. Hospital Transfusion Teams (HTT) should develop a process to ensure all these events are reported to SHOT
2011	HTTs, Cell Salvage Teams; Anaesthetists	Training and competency for cell salvage operators should be in place in all organisations where cell salvage is undertaken
2011	HTTs, Cell Salvage Teams; Anaesthetists	Replacement of coagulation factors is essential when reinfusing large volumes of salvaged red cells
2011	HTTs, Cell Salvage Teams; Anaesthetists	The use of the UK Cell Salvage Action Group label is recommended for both ICS and PCS red cells for reinfusion allowing all necessary patient information and collection information to be documented (These labels are supplied by the manufacturers of both intra and postoperative systems)
2010	Cell salvage practitioners, blood conservation coordinators, HTCs	All ICS- and PCS-related adverse events and reactions should be reported to SHOT
2008	Cell salvage leads /HTT	All cell salvage operators must undertake initial and regular update training and be assessed as competent There should be documented evidence of competence in the form of a training record. Competency-assessment workbooks are available for both ICS and PCS at www.transfusionguidelines.org.uk
2008	Cell salvage leads /HTT	All ICS and PCS related adverse events should be reported to SHOT.
2008	Cell salvage leads /HTT	Monitoring of patients is as important for the reinfusion of red cells collected by ICS or PCS as it is for allogeneic red cells.



2008		Cell salvage machines are classified as Medical Devices, so all adverse events attributable to machine
	Cell salvage leads /HTT	errors and failures should be reported to the MHRA as well as SHOT.