Annual SHOT Report 2014 – Supplementary Information

Chapter 28: Cell Salvage (CS)

DATA SUMMARY Total number of cases: n=16							
Implicated components		**Mortality/morbidity**					
Red cells	**16**	Deaths *definitely* due to transfusion	**0**				
Fresh Frozen Plasma	**0**	Deaths *probably/likely* due to transfusion	**0**				
Platelets	**0**	Deaths *possibly* due to transfusion	**0**				
Cryoprecipitate	**0**	Major morbidity	**0**				
Granulocytes	**0**	Potential for major morbidity *(Anti-D or K only)*	**0**				
Anti-D Ig	**0**						
Multiple components	**0**						
Unknown	**0**						
Gender		**Age**		**Emergency vs. routine and core hours vs. out of core hours**		**Where transfusion took place**	
Male	**6**	≥ 18 years	**9**	Emergency	**1**	Emergency Department	**0**
Female	**9**	16 years to <18 years	**0**	Urgent	**0**	Theatre	**0**
Not known	**1**	1 year to <16 years	**0**	Routine	**8**	ITU/NNU/HDU/Recovery	**0**
		>28 days to <1 year	**0**	Not known	**7**	Wards	**0**
		Birth to ≤28 days	**0**			Delivery Ward	**0**
		Not known	**7**	In core hours	**2**	Postnatal	**0**
				Out of core hours	**0**	Medical Assessment Unit	**0**
				Not known/Not applicable	**14**	Community	**0**
						Outpatient/day unit	**0**
						Hospice	**0**
						Antenatal Clinic	**0**
						Other	**0**
						Unknown	**16**

(ITU=Intensive therapy unit; NNU=Neonatal unit; HDU=High dependency unit)

Cell Salvage and Autologous Transfusion (CS) - Previous Recommendations

Year first made	Action	Recommendation
2013	**Hospital Transfusion Committees (HTC), Hospital Transfusion Teams (HTT)**	Ensure that all cell salvage users in your institution are made aware of this complication and the simple measures that need to be taken should it occur
2013	**HTTs, Operating Department Practitioners, Cell Salvage Operators**	Ensure all cases of serious reactions are reported to SHOT via the hospital transfusion team
2013	**Cell Salvage Operators, HTTs**	Consider where a machine failure occurs, which is not due to operator error, these are reported to the Medicines and Healthcare products Regulatory Agency (MHRA) under the Medical Devices reporting scheme
2012	**Hospital Transfusion Committee, Hospital Transfusion Teams**	All organisations should develop a robust system for reporting all adverse incidents/reactions during the use of autologous blood techniques, preferably reporting to the hospital transfusion committee and onward to SHOT
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 leads /HTT**	Cell salvage machines are classified as Medical Devices, so all adverse events attributable to machine errors and failures should be reported to the MHRA as well as SHOT.