

Obstetrics Intra-Operative Cell Salvage Monitoring Sheet

PATIENT LABEL

Date

Operation

Surgeon

Anaesthetist

IOCS Operator

Indication for use of IOCS:

Number of previous CS

If placenta praevia – Major / Minor and Anterior / Posterior

If abnormally invasive placenta suspected, was it confirmed at CS? Yes / No

Gestation at delivery

Pre-op Hb (date

On pre-op iron? Yes / No

Leucocyte Depletion Filter Batch No:

Estimated Blood Lossml

Collected volumeml

Autologous blood re-transfused? Yes / No

 If yes, volume givenml

Other blood products administered

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Additional info

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