Date:

Anaesthetist:

Time of start of infusion of cell salvaged blood:

Patient Sticker

Name:

D.o.B

Hospital Number

|  |  |  |
| --- | --- | --- |
|   |  Blood loss Calculator |   |
|   |   |   |   |
|   | **Fluids out** | **Volume in ml** |   |
|   | Pre-theatre blood loss |  |   |
|   | Total fluid in collection reservoir (or processed) |   |   |
|   | Volume in theatre suction (not salvaged) |   |   |
|   | Wet-Dry swab weight |   |   |
|   | Blood elsewhere (inco's, floor etc) |   |   |
|   | Total out |  |   |
|   |   |   |   |
|   | **Fluids added** | **Volume in ml** |   |
|   | Swab wash saline used |   |   |
|   | Anticoagulant used |   |   |
|   | Liquor estimation (obs only) |   |   |
|   | Surgical field irrigation |   |   |
|   | Total added |  |   |
|   |   |   |   |
|   | Overall blood loss (total out - total added) |  |   |
|   |   |   |   |
|   | Cell salvaged blood returned |   |   |
|   |   |   |   |