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 |  |  |
|  |  |  |  |