## McLAREN FLINT FLINT, MICHIGAN

## AUTOLOGOUS BLOOD BECORD

Emergend	e 🗆 Emer cy Respons al Time:	se Time: _		AUTOL		SEOOD RE	CORD			
Pt. Name: Date:							Checklist - Time Completed			
l	oer:						☐ Machine o	•		
CDIS							☐ Type of flu			
Hospital: Number:								ration dates ch idelines follow		
Procedure: Allergies:							Eye Protection			
Surgeon: Anesthesia: Technician:							☐ Integrity o	f packaging O	K	
								sembled correct	etly	
Anticoagulant Solution: Lot #: Expiration: ATS Equipment Serial#:							☐ Vacuum adjusted☐ Transfer packs labeled☐			
	•						☐ Document			
Age: Sex: Ht in/cm: Wt lb/Kg:							Anticoagulation Checklist			
l	/ol:		•					dates checked	d	
Platelet Cnt: PT: PT: PTT: PTT: PTT: PTT: PTT: PTT:							☐ Bag labeled			
IO Start: End:					Total:		☐ Added to	NS		
PO Start: End:					Total:					
		Proced	lure Docum	entation			Disposables Us	sed		
Process Time	Fill Vol.	Fill Speed	Wash Speed	Wash Vol.	ATS Vol.	ATS Vol. Given to	Manufacturer	Model #	Lot #	
			1			<del>                                     </del>				
						<del> </del>	Comments:			
TOTAL										
ATS Fluid	d Summary	1								
Total Fill Volume = ml										
(-) Total Irrigation = ml Thru ATS Circuit										
		ion –				ml				
(-) I Olai A	nticoagulat	1011 =								
` '	inticoagulat ATS EBL =						Signature:		 ID#	

**AUTOLOGOUS BLOOD RECORD** 



PT.