

Hospital _____
 Surgical Procedure _____
 Surgeon _____
 Anesthesiologist _____
 RN Tech _____
 Machine Model _____ Serial # _____
 Surgery Time:
 Start _____ End _____

Patient Imprint Here

Age _____ M F WT _____ KG LBS
 Hgb/HCT _____ PLT ct _____
 Drug Allergies _____ Blood Type _____

Disposables/Solutions	No. Used	Mfg.	Cat No.	Lot No.	Exp. Date
Bowl Set					
Table Line					
Cardiotomy Reservoir					
<input type="checkbox"/> Heparin mL u/mL					
0.9% NaCl Solution mL					
Transfer Packs					

INITIAL _____

Machine inspected for proper functioning and wiped down with disinfectant before procedure.
Machine and supplies wiped down with disinfectant after procedure.
Waste supposed to go into hopper.

Cycle Data	Time								
1. Total Volume in Reservoir									
2. Volume Processed from Reservoir									
3. Total Emptied to Transfer Bag									
4. Wash Volume (ml's)									
5. Effluent Clear		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Transfer Bag Labeled (✓)									

Process: Intraop
 TX Reaction Y/N EBL: _____ Volume Returned: _____
 QC Performed: _____ N/A Results: HCT _____ K+ _____
 Comments: _____

Operator Signature _____ Date _____