

2018 Cold Agglutinin

Permission to print:	Yes
Incident type	Good Catch Near Miss
Type of incident:	Management
Category	Cold agglutinin
Description:	<p>After running up cold buckberg 4:1 cardioplegia (temp set at 4 degrees) into a bowl to deair the line, extreme separation and clumping was noted in the cardioplegia heat exchanger and line. Immediately clamped out blood, set circuit to warm, informed surgeon and anaesthetist of potential cold agglutinins and called the perfusion co-ordinator to confirm suspicion. It was agreed that is was highly likely the patient had cold agglutinins - decided to warm cardioplegia circuit to 25 degrees and run through the line into a bowl. No clumping was observed at this temperature. Upon discussion with surgeon and anaesthetist it was decided to deliver cardioplegia at 25 degrees throughout the case. I tried to reproduce clumping post CPB once the lines were handed back with a haemodiluted circuit, observed slight clumping at 8 degrees - ? relevance as very diluted circuit after bagging blood. Surgery went without incident. Blood was sent to haematology to be tested.</p>

GOOD CATCH - what went well Astute observation Prompt confirmation and a prediscussed action plan

Preventive actions	Blood Sent for testing and a multidisciplinary consensus meeting to confirm management of cold agglutinins.
Manufacturer advised:	No
Discussed with team:	Yes
Ext Authority Advised	No
Hospital incident filed:	No
Knowledge issue	No
Rule issue	No
Skill issue	No