

2023 Donor blood

Permission to print:	Yes
Category	Donor Blood
Incident type	Good Catch Near Miss
Duration of incident:	minutes
Description:	<p>A pump was set up and clear primed a day early for a Fontan. On the day of the procedure, fresh whole blood was checked and added to the circuit per protocol. The CDI was showing a high CO₂ (>17kpi) which was unusual so the gas sweep was increased. This did not alter the CO₂ as would normally be expected but PO₂ could easily be manipulated. At this point the perfusionist asked the person who set up the pump if any CO₂ had been run through the oxygenator at any point and checked no CO₂ was currently running. It was determined that no CO₂ had been used during set up or prime. A prime sample was sent and this confirmed that the CO₂ was unusually high. It was decided to test the whole blood unit directly which returned at CO₂ of 17.6kpi (and other deranged results). Due to the high CO₂ in the donor blood and the inability to remove CO₂ from the circuit, the surgeon and anaesthetist were notified and it was decided to wash out the circuit and reprime with RBC. The circuit was drained, washed with 6L of plasmalyte and reprimed with RBC (which was also directly tested as a comparison and returned a CO₂ of 8). A new CDI sensor was also put into the circuit. 2x prime samples were sent and the CDI was recalibrated. The surgery went ahead without issue</p>
GOOD CATCH - what went well	Noting the unusual inability to remove CO ₂ - checking donor blood with a blood gas
What could we do better	Discussion about discarding the entire circuit but thought it was OK to do a thorough wash and reprime.
Preventive actions	To be discussed at team meeting and with Haematologist.
Type of incident:	Donor Blood
Hospital incident filed:	Yes
Ext Authority Advised	No
Discussed with team:	Yes
Protocol issue	No
Patient outcome variance f	Nil