



## Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: BLOOD CELL SAVING**  
**APPROVED DATE: 11/90**  
**REVISED DATE: 7/95, 11/03, 7/07**  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

### ADVISORY OPINION BLOOD CELL SAVING: THE ROLE OF THE RN & LPN

It is within the Scope of Practice of a Registered Nurse (RN) and Licensed Practical Nurse (LPN) to operate blood cell saver devices if the following requirements are met:

- I. General Requirements
  - A. Written policy and procedures are maintained by the employer/agency.
  - B. Only RNs and LPN's who have satisfactorily completed an instructional program and have had supervised clinical practice are allowed to operate cell saving devices.
  - C. Documentation of satisfactory completion of the instructional program and supervised clinical practice is on file with the employer
  - D. Operation of the device is the designated nurse's only responsibility during the cell saving procedure.
  - E. Auto-transfusion can be performed by the RN with the order of the physician.
- II. Course of Instruction is to include but not limited to:
  - A. Anatomy and physiology of the vascular system and hematology.
  - B. Indications and contraindications.
  - C. Potential adverse reactions
  - D. How the differences between collection sites affect the shed blood collected.
  - E. Technique for infection control.
  - F. Identification and management of complications.
  - G. Nursing care responsibilities.
  - H. Utilization of sterile equipment.
  - I. Appropriate documentation requirements.

#### RATIONALE

To ensure consistency and competency in operating blood cell saver devices.

#### REFERENCES

AORN Journal. 66 (3): 486-492. 1997 September. "Development and implementation of a perioperative autologous service program."