The CBCII is a closed blood recovery system designed to provide safe, effective, and efficient collection, collect, and allow for reinfusion of autologous blood.

**INDICATIONS FOR USE:**
- Abnormal renal and/or hepatic function
- Massive transfusions
- Reticuloendothelial system disease
- Excessive hemorrhage
- Coagulation defects
- Potential for air embolism, microembolism, or embolism

**CONTRAINDICATIONS:**
- The system is contraindicated in patients who have a known or suspected allergy to silicone or any component of the system.

**WARNING:**
- Adherence to "Universal Blood and Body Fluid Precautions" is highly recommended when handling the CBCII reservoir or any blood-related product.

**OPERATING ROOM**
1. Remove contertar from package using aseptic technique.
2. The blood unit may be hung on the bed rail from blood casing.
3. Path through tissue is and clamps. Avoid pathogen pathogen in antiseptic solution.
4. Ten Y-connector is at the level to accept wound drain. Secure wound drain to aseptic tubing. *NOTE: Ensure all tubing to prevent back flow from the system.
5. Do not pull on Y-connector at the attached part of the unit. Suction has been measured for 15 minutes.
6. The unit may be in the sterile field or be passed back to the circulating nurse. The circulating nurse can remove and adjust the drain. The nurse can adjust and monitor the negative pressure on the drain.
7. The unit may be hung on the bed and connected with the vacuum system for transport.

**OPERATING INSTRUCTIONS**
1. Unclamp the blood bag tubing. Hold the blood bag tubing so that it forms half of a loop at the base of the reservoir.
2. Fully disassembled drain line. The procedure on top of the unit to transfer blood into the blood bag (Porto blood). Blood flow tubing bag can be hung. *NOTE: To prevent fluid from entering the system upon attachment.*
3. When transfer is complete, release the lever and use the clamp to clamp off the blood bag tubing to allow for the blood bag to be closed.
4. Reinvent with standard blood administration set (size 20) or microaggregate filter luer as directed by hospital protocol.
   - If necessary, replace the system. See "To Remove/Replace the System.*

**BLOOD RECOVERY**
- Upon the completion of the blood recovery process, the blood bag and associated tubing and filter should be discarded.
- The blood bag and associated tubing and filter should be discarded.

**RECOVERY**
1. Leave the blood bag banded until ready to transfer blood.
2. Secure unit to footboard or side rail of bed. Drop the widening clamp to adjust to fit. Secure unit with the security strap as shown.

**WARNING:**
- Roll over to maintain upright at all times.
- Leave the blood bag banded until ready to transfer blood.
- The blood bag and associated tubing and filter should be discarded.

**UNIT REPLACEMENT**
1. Using aseptically technique, clamp evacuator tube on each side of the quick-connect.
2. Turn quick-connect to evacuate evacuator tube.
3. Clamp quick-connect of evacuator tube from new unit.
4. Atlantis quick-connect of evacuator unit to quick-connect of evacuator system.
5. Set vacuum level at prescribed setting.
6. Unclamp evacuator tube.

**TROUBLESHOOTING GUIDE**

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>CAUSE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The system fails to work.</td>
<td>A vacuum lock may exist in the reservoir.</td>
<td>Place the unit in an upright position. If necessary, replace the system. See &quot;To Remove/Replace the System.&quot;</td>
</tr>
<tr>
<td>2. The vacuum indicator fails to invert.</td>
<td>The vacuum control may not be turned on.</td>
<td>Turn the vacuum control dial to the prescribed setting.</td>
</tr>
<tr>
<td>3. Minimal or no blood is collected by the system.</td>
<td>The wound drain or evacuator tubing may be blocked.</td>
<td>Clean and/or replace the evacuator tubing.</td>
</tr>
<tr>
<td>4. Blood return in the reservoir.</td>
<td>A stopcock was applied to the wound site.</td>
<td>Replace the stopcock.</td>
</tr>
<tr>
<td>5. Blood return from the system.</td>
<td>A vacuum lock may exist in the reservoir.</td>
<td>Place the unit in an upright position.</td>
</tr>
<tr>
<td>6. Blood return from the system.</td>
<td>The blood return filter may not be primed or air locked.</td>
<td>Replace the blood return filter.</td>
</tr>
<tr>
<td>7. High flow interference experienced.</td>
<td>Electrical noise is present.</td>
<td>Turn off all electrical equipment in the operating room.</td>
</tr>
</tbody>
</table>

**REFERENCES**
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.
- Antibody and virus screening studies.