

NURSING: Investigation of Suspected Transfusion Reaction.

Initiate Alert as per ALERT Policy no. 3.1.37

A photocopy of this form, together with specimens mentioned below plus the empty or partially transfused packs should be forwarded to pathology as soon as possible and a copy of the form to Clinical Risk.

DO NOT RETURN THE BLOOD GIVING SET, FILTER OR ANY SHARPS WITH THE UNITS

SYMPTOMS	POSSIBLE TYPE OF REACTION	ACTION
1. Chills, unexplained fever (>38), nausea, vomiting, headache	Non Haemolytic / Septic	Stop transfusion, maintain IV access with N/Saline, vital signs, seek medical advice, return blood pack to Blood Bank.
2. Localised hives, rash, flushing, wheeze, hypotension	Allergic	Stop transfusion, maintain IV access with N/Saline, vital signs, seek urgent medical advice
3. Chills, fever, backpain, ooze from IV site, pain at insertion site, hypotension, haemoglobinuria. Patient has fear of impending doom	Anaphylactic / ABO incompatibility/ Haemolytic	Stop transfusion, maintain IV access with N/Saline, seek medical advice URGENTLY (consider CODE BLUE) Return blood pack to Blood Bank
4. Dyspnoea, productive cough, frothy sputum, hypertension, headache	Fluid overload	Sit patient upright, administer O2, seek medical advice URGENTLY (consider CODE BLUE) monitor vital signs, maintain slow IV access with N/Saline

If a Transfusion Reaction is Suspected:

1. **Stop the infusion of blood or component**, but keep IV line open. Notify the appropriate / responsible doctor.
Dr. Time Date / /20

2. **Re-check** identification of patient, donor blood and pre-transfusion records. (Refer to pre-transfusion check sheet attached to all units).

Signature (person checking Post-transfusion)

3. **Notify Laboratory Scientist**

Name of Laboratory Scientist reported to:

Time: Date / /20

4. The following samples should be collected and sent immediately to the laboratory.

(a) One purple tube 2.5mls, one red tube 6mls and two pink tubes 6.5 mls collected immediately post reaction and ideally away from the site of transfusion.

(b) The empty transfused packs and unit being administered at the time of the reaction.

(c) Collect the next available urine sample and send to the laboratory with the notation "**Suspected transfusion reaction**".

5. Note patient symptoms at time of reaction

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6. Were any drugs or solutions administered to the patient during transfusion? If so, list with amounts given and the route of administration. Please note times.

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Form completed by:

Name: Signature: Date / Time:

**BLOOD PRODUCTS
ADMINISTRATION FORM**

PSA: COLLECTING BLOOD FROM PATHOLOGY

- Take Blood Product order form with you for identification
- When removing blood from fridge always sign it out in the Register first
- REMOVE ONE PACK AT A TIME

MEDICAL OFFICER

Cardiac Problems: No Yes - specify:

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Previous adverse reactions to blood products: No Yes - specify:

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Current medical problem:

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Reasons for transfusion (ie in line with Clinical Guidelines)

Blood Results: HB WCC Platelets Other

Red Blood Cells

- Major blood loss (> 1000 mls)
- Moderate anaemia (70 - 100) with ongoing blood loss
- Moderate anaemia (70 - 100) with signs or symptoms of decreased oxygen transport
- Severe anaemia (< 70)
- Marrow Failure

Fresh Frozen Plasma

- INR >1.5, with ongoing bleeding
- TTP
- Other specify

Platelets

- To keep platelets > 10 if BM failure (prophylaxis)
- To keep platelets > 20 if BM failure and risk factors (eg fever, antibiotics)
- To keep platelets 50 - 100 if bleeding or if surgical / invasive procedure

Cryoprecipitate

- Fibrinogen deficiency (< 1.0 g/L) and bleeding invasive procedure, trauma or DIC

PATIENT INFORMATION - RISK AND BENEFITS OF BLOOD TRANSFUSIONS

Has patient been given brochure on Blood Matters? Yes No

Have you discussed this with the patient and/or their family? Yes No

Have you considered Iron Studies, B12 / Folate and hemolysis screen prior to transfusion? Yes No

RMO Name:

Signature:

