

PATIENT LABEL
Component to be collected:
Date and Time:
CHECKLIST
(PLEASE TICK)

Identified patients name and UR No. verbally, on wristband, issue form and blood product	
Check for a written order that is signed by the MO on the treatment sheet.	
Check ABO blood group and RhD status on blood product and issue form	
Check donor number on blood product and issue form	DOCUMENT No:
Check collection and expiry date on product..	
Check for scientists signature on Blood Bank Issue form	
Does the product need to be filtered or irradiated/CMV negative?	
Check appearance of unit for color, pack integrity and clots	

Has the information leaflet been given to the patient? (CIRCLE) YES / NO

Vital Signs Must Be Measured and Documented For All Blood Components -Refer To The Blood Administration Policy in the Clinical Manual or Contact Blood Bank on ext 4061

TRANSFUSION REACTIONS

REACTION TYPE	SYMPTOMS	ACTION
Acute haemolytic transfusion Reaction (ABO Mismatch)	Hypotension, chills, fever, dyspnoea, chest pains, back Pain, headache, abnormal bleeding, haemoglobinuria	STOP TRANSFUSION. Maintain IV Access. Seek immediate assistance and Medical attention. Complete Blood Bank Transfusion Reaction form.
Febrile non-haemolytic transfusion reaction (FNHTR). (Due to recipient antibodies to white cells/cytokines in product)	Increase in temperature of 1 degree celcius or more over Baseline during transfusion. Patient may or may not experience chills.	STOP TRANSFUSION. Maintain IV Access. Seek assistance and medical advice. Discuss whether to continue transfusion. Paracetamol may be indicated. Alert blood bank. Send blood bags to blood bank. Send routine bloods/ cultures and urine to pathology. Complete Blood Bank Transfusion Reaction form.
Allergic Reaction (Most common with plasma products)	Urticaria (hives) and itching in the absence of other signs or Symptoms. Can develop in to anaphylaxis	STOP TRANSFUSION. Maintain IV Access. Seek assistance and medical advice. Transfusion rate may need to be slowed. Antihistamine regimen may be indicated. Send blood bags to blood bank. Send routine bloods/cultures and urine to pathology. Complete Blood Bank Transfusion Reaction form
Anaphylaxis	Severe signs and symptoms usually occurs within 1-45 minutes of the transfusion severe reactions can be delayed 2-3 hours. Itching, urticaria, erythema, flushing, angioedema, hoarseness, stridor, wheeze, dyspnoea, cyanosis, chest tightness, anxiety, hypotension, LOC, tachycardia, shock, arrhythmias, cardiac arrest, nausea, vomiting, diarrhoea, abdominal cramps.	STOP TRANSFUSION. Maintain IV Access. Seek immediate assistance and medical advice. Prepare for Cardiac arrest if symptoms severe. Complete Blood Bank Transfusion Reaction Form.
Transfusion related acute lung Injury (TRALI)(Plasma products)	Respiratory distress, dyspnoea, cyanosis, tachycardia, fever, hypotension. With hours. CXR – white out.	STOP TRANSFUSION. Maintain IV access. Get immediate assistance.
Bacterial Contamination (Bacteria in blood Components)	Fever, hypothermia, rigors, tachycardia, hypotension, Hypertension, haemolysis, shock, multi organ failure.	STOP TRANSFUSION. Maintain IV access. Seek assistance and medical advice. Send blood bags to blood bank. Send routine bloods and cultures/urine to pathology. Complete Blood Bank Transfusion Reaction form.
Circulatory Overload	Acute pulmonary edema. Dyspnoea, chest crackles, peripheral edema, decreased SaO2, patient may be confused	STOP TRANSFUSION. Maintain IV access. Seek assistance and medical advice. Treat overload. Complete Incident form.
Massive Transfusion and Metabolic complications	Depletion of coagulation factors. Abnormal bleeding. Hypothermia, electrolyte imbalance – hyperkalemia, hypocalcemia, DIC	Monitor electrolytes and vital signs. Seek medical assistance.

PLEASE COMPLETE AN INCIDENT FORM FOR ALL TRANSFUSION INCIDENTS AND REACTIONS

