

# Transfusion Reaction Report

U.R. Number .....  
 Surname .....  
 Given Name(s) .....  
 Date of Birth .....

**AFFIX PATIENT LABEL HERE**

Complete a **TRANSFUSION REACTION REPORT AND RISKMAN REPORT** for all *actual* or *suspected* transfusion reactions. A laboratory haematology registrar / on-call haematology registrar is available for advice.

Indication for transfusion / major comorbidities: \_\_\_\_\_

Blood Component / Blood Product: \_\_\_\_\_ Donation Number/s: \_\_\_\_\_

Date of Transfusion: .... / .... / .....	<b>Time transfusion commenced:</b> _____	<b>Time Transfusion ceased:</b> _____
Treating Unit:	Temperature:	Temperature:
Location (eg. Ward) at time of reaction:	Pulse Rate:	Pulse Rate:
	Respiratory Rate:	Respiratory Rate:
Riskman report completed: Yes / No (circle)	Blood Pressure:	Blood Pressure:
	O <sub>2</sub> Sat:	O <sub>2</sub> Sat:

**Incident description:** \_\_\_\_\_

**Concurrent Therapy** (Simultaneous infusion of other fluids/medications) if **Yes** specify: \_\_\_\_\_

**Perform a Bedside Clerical check (Please tick):**

Correct Patient  Yes  No    Correct Blood Transfused  Yes  No    Correct Rate  Yes  No

**Signs & Symptoms:** (please tick)

- |  |   |  |
|--|---|--|
| <b>Minor</b>   | <b>Major</b>                                      | <b>Presumed reaction type</b> (please tick):                           |
| <input type="checkbox"/> Fever (>1 °C over baseline) | <input type="checkbox"/> Tachycardia              | <input type="checkbox"/> Febrile non-haemolytic transfusion reaction   |
| <input type="checkbox"/> Chills                      | <input type="checkbox"/> Hypotension              | <input type="checkbox"/> Allergy / Anaphylaxis                         |
| <input type="checkbox"/> Urticaria                   | <input type="checkbox"/> Dyspnoea / Hypoxia       | <input type="checkbox"/> Bacterial sepsis                              |
| <input type="checkbox"/> Nausea / vomiting           | <input type="checkbox"/> Chest pain / Lumbar pain | <input type="checkbox"/> Acute haemolytic transfusion reaction         |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> IV site pain / bleeding  | <input type="checkbox"/> Transfusion Related Acute Lung Injury (TRALI) |
|  | <input type="checkbox"/> Haemoglobinuria          | <input type="checkbox"/> Fluid Overload                                |
|  | Other _____                                       |  |

**Clinical Outcome:** Recovered?  **YES**     **NO** - If NO Specify \_\_\_\_\_

**Medical Review by:** Name: **Dr.**..... Pager No .....

**Reported by:** Name:.....Signature:.....Date:.....

Send a copy of this form to Blood Bank (except in cases of mild allergic reactions) with the following: blood with the attached administration tubing, and relevant specimen/s with accompanying request forms (Request for Blood/BloodProducts & Pathology Request forms)

Send the following specimens to Blood Bank ASAP for major transfusion reactions or where an alloantibody reaction is suspected. Please specify "suspected transfusion reaction" on pathology request forms.	
▪ Antibody screen and crossmatch- <b>9ml EDTA for ALL reactions except for suspected bacterial contamination</b>	▪ CUE, Bilirubin, LDH, Haptoglobin - <b>5ml Plain tube gel</b>
▪ FBE, Film, Reticulocyte Count, DAT - <b>4ml EDTA</b>	▪ Coagulation profile & D- dimer- <b>4ml Citrate</b>
▪ Blood cultures if appropriate	



## A Quick Guide to Blood Administration

**COLLECTING BLOOD FROM BLOOD BANK**

For emergency collection refer to the following policies:

- Collecting Blood Components / Products From Austin Blood Bank
- Requesting Blood Components for Emergency / Non-Emergency Transfusion

**CHECKING BLOOD – the ENTIRE CHECKING PROCEDURE MUST BE PERFORMED AT THE PATIENT'S BEDSIDE**

**No wristband = NO TRANSFUSION**

- 1) **ASK** (if conscious) the patient to state their FULL name and date of birth and ensure the details given (including UR number) match:
  - a) Patient's wristband
  - b) Patient label attached to the blood component / product
  - c) Blood Transfusion Form
  - d) Compatibility and Administration Record
- 2) **CHECK** the blood component / product label, the patient identification label attached to the blood component / product and the Compatibility and Administration Record for the following and ensure they are correct:
  - a) Identical or compatible ABO and Rh(D) blood group of the patient and donor unit
  - b) Type of blood component / product including special requirements e.g. irradiated
  - c) Blood donation / batch numbers
  - d) Expiry date and time
- 3) **CHECK** the Blood Transfusion Form for the type of blood component / product, prescribed rate and if any additional instructions are given e.g. diuretics, premedication.
- 4) If there are any discrepancies with **ANY** of the above **STOP! – DO NOT PROCEED** – Rectify the problem immediately

**ADMINISTRATION**

- Administer non-urgent blood transfusion between 8am and 8pm. Outside these hours should be approved by the medical officer.
- Use a blood administration set with a 170 - 200 micron filter when administering Red Cells, Platelets, FFP and Cryoprecipitate
- DO NOT use a filter when administering Granulocytes and Stem Cells
- ALWAYS commence administration slowly (unless an acute bleeding situation)

**MONITORING THE PATIENT**

- Closely observe the patient for the first 15 minutes of administration of any new unit of blood.
- Full set of obs at baseline, 15 minutes, half way through and at the end of the unit. Refer to procedure for different products
- Visually observe the patient (at least every 15 minutes) throughout the entire transfusion for signs of reaction

**TRANSFUSION REACTIONS – STOP - ASSESS - RE-CHECK ID - GET HELP!**

Febrile Non-Haemolytic Transfusion Reaction	Chills, unexpected fever (≥1°C from baseline), nausea, vomiting, headache
Bacterial Sepsis	High fever, severe chills, hypotension or circulatory collapse during or soon after transfusion
Allergy / Anaphylaxis	Localised hives, rash, flushing, wheeze, hypotension
Acute Haemolytic Transfusion Reaction	Fever, tachycardia, hypotension, chills, rigors, dyspnoea, chest &/or flank pain, pain at infusion site, abnormal bleeding or shock.
Fluid Overload	Dyspnoea, orthopnea, cyanosis, tachycardia, hypertension & pulmonary oedema
Transfusion Related Acute Lung Injury (TRALI)	Fever, chills, dyspnoea, tachypnoea, tachycardia, hypotension, hypoxia and non-cardiogenic pulmonary oedema during or within 6 hours of transfusion

