

# .TRANSFUSION REACTION REPORT



Inland Northwest  
Blood Center

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In the event of a Transfusion Reaction, consult *Recognizing and Reporting Transfusion Reactions*.  
Contact the Inland Northwest Blood Center (INBC) and the ordering physician.

Hospital: \_\_\_\_\_ Floor / location \_\_\_\_\_  
Date and time of reaction: \_\_\_\_\_ Hospital contact phone number \*: \_\_\_\_\_  
Patient name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_  
Physician of record: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_  
Unit ID number \_\_\_\_\_ Circle Product: RBC Plasma Platelet  
Volume transfused: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Previous transfusion reactions?: \_\_\_\_ Yes \_\_\_\_ No Type: \_\_\_\_\_

\* Please include a phone number (nursing station etc) at which we can contact you in case further information is needed

Vitals:	Pre-transfusion	Post-transfusion
Temperature:	_____	_____
B.P.:	_____	_____
Pulse:	_____	_____

### Symptoms observed:

- Hives (urticaria) or itching (**Note:** further laboratory work-up is *not required* if the *only* symptoms are hives and/or itching. *Reaction does need to be reported to INBC.*)
- Fever ( $\geq 2^{\circ}$  F or  $\geq 1^{\circ}$  C)
- Chills
- Back pain
- Abnormal bleeding
- Other \_\_\_\_\_
- Pink, red, or dark urine
- Hypertension or hypotension
- Wheezing or shortness of breath
- Tachycardia or bradycardia

Reaction reported by: \_\_\_\_\_ Date: \_\_\_\_\_

### Clerical check of paperwork against armband and unit of blood:

- No discrepancies
- Discrepancies noted (describe): \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Date and time of Post-reaction Sample Draw (if applicable) \_\_\_\_\_

## RECOGNIZING AND REPORTING TRANSFUSION REACTIONS

Adverse reactions to blood transfusions may occur during or following a blood transfusion. Possible signs and symptoms of an adverse reaction include any one or combinations of the following:

### ***Possible Signs and Symptoms of an Adverse Reaction to Transfusion***

- |  |                                 |                               |                                      |
|--|---------------------------------|-------------------------------|--------------------------------------|
| * Temperature rise of more than 2 <sup>0</sup> F (or 1 <sup>0</sup> C) | * Chest, flank and/or back pain | * Hypertension or hypotension | * Pink or red urine (hemoglobinuria) |
| * Shaking chills (rigors)  | * Shortness of breath           | * Anxiety, restlessness       | * Abnormal bleeding                  |
| * Hives (urticaria)  | * Itching (pruritus)            | * Skin rash                   | * Nausea, vomiting                   |
| * Tachycardia  | * Facial flushing               | * Wheezing                    |                                      |

### ***Possible Signs of a Severe Adverse Reaction to Transfusion in an Unconscious Patient***

- |   |                                      |                                |
|---|--------------------------------------|--------------------------------|
| * Temperature rise more than 2 <sup>0</sup> F (or 1 <sup>0</sup> C) | * Pink or red urine (hemoglobinuria) | * Increased operative bleeding |
| * Hypotension   | * Reduced urine output               | * Tachycardia or bradycardia   |

### **Immediate Actions to Take**

1. **Stop the transfusion:** Do not allow any more blood in the filter and tubing to be infused. Additional units should not be given until the reaction can be investigated. (See exception for hives - #7 below.)
2. **Maintain patency of IV** with infusion of 0.9% sodium chloride.
3. **Initiate the Inland Northwest Blood Center (INBC) Transfusion Reaction Report** to document the reaction and **inform the responsible physician** of the reaction immediately.
4. **Provide specific treatment** of symptoms as ordered by physician (e.g. acetaminophen for fever, diphenhydramine for hives, etc.).
5. **Notify your laboratory and/or IV Therapy department/ hospital Blood Bank.** They should then notify INBC laboratory.
6. **Recheck the identity of patient** (armband), blood component labeling and associated paperwork at bedside to see if patient is receiving wrong unit of blood. ***IF PATIENT IS RECEIVING WRONG UNIT, DISCONTINUE THE TRANSFUSION AND NOTIFY YOUR LABORATORY AND/OR IV THERAPY DEPARTMENT IMMEDIATELY.***
7. If hives and itching are the only symptoms, the patient is receiving the correct unit, and medical therapy is successful, the transfusion can be restarted. A reaction form must still be completed but samples do not need to be collected and the transfusion may be continued.
8. For any reaction other than hives and itching, submit at least 5 mL of an EDTA (lavender top) venous blood sample and the remaining portion of un-transfused blood bag (with tag, solutions and IV tubing attached) along with the completed INBC Transfusion Reaction Report to your laboratory or IV Therapy department to be forwarded to the INBC laboratory.
9. If hemolysis is suspected, collect urine specimen for testing by your hospital laboratory and monitor the patient's urine output.
10. Document reaction and therapy in patient record. Record the time, volume infused, type of component and patient's condition.
11. If sepsis and/or bacterial contamination are suspected, initiate blood cultures from patient through your hospital laboratory. INBC will initiate blood cultures on blood bag after inspection.
12. INBC may also recommend additional testing (serum haptoglobin, plasma free hemoglobin) by your laboratory based on results of the initial transfusion reaction investigation.