## TRANSFUSION REACTION ADVERSE EVENT FORM (2021) Provincial Clinical Laboratory

Queen Elizabeth Hospital Charlottetown, PEI Phone (902) 894-2300 Fax (902) 894-2415 Prince County Hospital Summerside, PEI Phone (902) 438-4280 Fax (902) 438-4281

Name	Name Place Label Here													
DOB: YY	Medical Record Number (MRN)													
Facility and Unit														

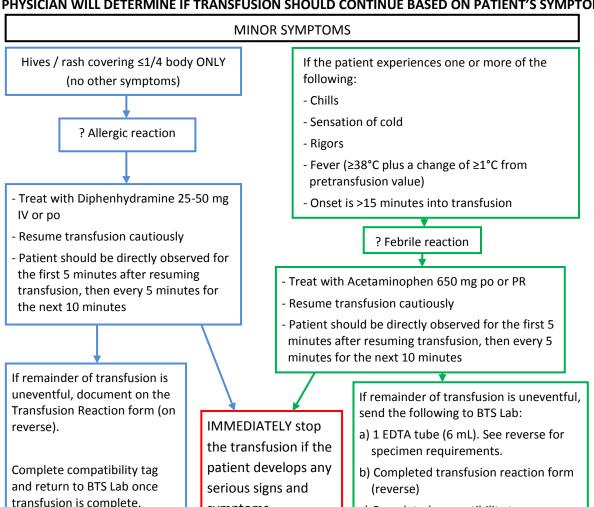
									<u> </u>							
Date Occurred: YYYY/MI		IMMM/DD			Time: HH:MM			Phy		Ful	Full Name					
TELL US WHAT HAPPENED:																
		Fever ≥ 38°C				☐ Chills/Rigors			☐ Hyper			rtension	ension   Back/Chest Pai			
SIGNS & SYMPTOMS		l Itching				☐ Skin Rash				□ Нуро				Tac	hycardia	
		Hives	Hives				☐ Headache				SOB	☐ Sho			ck	
		Other: (describe)														
PRE-MEDICATION: DRUG						DOSE								RO	UTE	
Blood Compo	Plasm	าล		PLT		other:	(descri	be)								
Donor/Lot Number																
<b>Transfusion Started</b> Date: YYY					Y/MM	/MMMM/DD				НН	:MM					
Transfusion Stopped Date:			YYY	YYYY/MMMM/DD					НН	:MM						
Reason Stopp	-	-							Time:	nt Trans	fused (	ml)				
Reason Stopp				nes 🗆					•						<del></del>	
	Ľ				Supplementary O <sub>2</sub>				sion Sto		☐ ICU Required					
MEASURES TAKEN	Р	Antipy							☐ Transfusion Restarted				☐ Chest X-ray			
		Analge								Antibio	tics		☐ Blood Culture			
		Steroids				Other: (describe)										
VITAL SIGNS				TEMP (	°C)		PULSE		RP		BP		SPO <sub>2</sub>		OTHER	
Prior to transfusion				<del> </del>												
15 minutes after initiation			<del> </del>													
60 minutes after initiation																
2 hrs after initiation			<u> </u>													
Vitals if transfusion stopped					·											
Vitals 1 hr post transfusion																
Form completed by:(Print			nt Nan	Name) Date & Time Reported:						d:						
SPECIMEN: 1 purple top EDTA tube (6mL). Label tube with patient's full name and MRN.  RECORD DATE AND TIME OF COLLECTION AND PHLEBOTOMIST'S FULL SIGNATURE ON THIS FORM AND ALL SPECIMEN TUBES.																
Collected by: Signature				e	Collection Date: YYYY/MMMM/E						MMM/DD	Collection Time: HH:MM				
(First initial and complete last name)																
<b>RETURN</b>	THE	RETURN THE BLOOD PRODUCT, SPECIMENS, COMPONENT TAG AND THIS FORM TO BLOOD TRANSFUSION SERVICES.											OD TRA	NSFL	JSION SERVICES	j.

## **Physician Algorithm for Transfusion Reactions**

Patient exhibits signs and symptoms of a transfusion reaction

- 1. STOP THE TRANSFUSION IMMEDIATELY and keep the IV line open with 0.9% saline.
- 2. Contact the physician for medical assessment.
- 3. Check vital signs every 15 minutes until stable.
- 4. Check all labels, forms and the patient's identification band to determine if there is clerical discrepancy.

## PHYSICIAN WILL DETERMINE IF TRANSFUSION SHOULD CONTINUE BASED ON PATIENT'S SYMPTOMS OR PRESENCE OF CLERICAL DISCREPANCY OR INCOMPATIBILITY



SERIOUS SIGNS AND SYMPTOMS

If patient has any one of the following:

## - Onset ≤15 minutes

- Temperature ≥1°C from baseline and onset ≤15 minutes
- Hypotension/shock
- Rigors
- Back/chest pain
- Dyspnea/SOB
- Hemoglobinuria
- Uncontrollable bleeding at any puncture or catheter site
- Nausea/vomiting
- Temperature ≥39°C
- Tachycardia/arrhythmias
- Generalized flushing
- Hives/rash covering ≥1/4 body

DO NOT RESTART THE

**CLERICAL DISCREPANCY** 

/ INCOMPATIBILITY

1. Institute patient management

TRANSFUSION.

- 2. Send the following to BTS Lab:
- 6 mL EDTA tube of blood (see reverse)
- Completed Transfusion Reaction form (reverse)
- Blood product and administration set/fluid
- Completed compatibility tag
- 3. Consider:
- Blood cultures if patient temperature is ≥39°C
- Chest X-Ray for severe dyspnea

SERIOUS FEBRILE NON-HEMOLYTIC, ACUTE HEMOLYTIC, ANAPHYLACTIC, SEVERE ALLERGIC, FLUID OVERLOAD, TRANSFUSION RELATED LUNG INJURY (TRALI) OR BACTERIAL CONTAMINATION

MINOR ALLERGIC REACTION

symptoms

MINOR FEBRILE NON-HEMOLYTIC

c) Completed compatibility tag

set/fluid

d) Blood product and administration

BTS – Blood Transfusion Service Q38-64(2021)