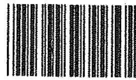
CROUSE HOSPITAL

Your care. In our hands.



ADVERSE REACTION TO BLOOD/BLOOD PRODUCTS REPORT

Form #1435 Rev. 04/12/10

Area Reporting:

All Reactions to any Blood Products must be Reported to Blood Bank Immediately.

IDENTIFYING NUMBER(S) OF DONOR UNIT(S) ASSOCIATED WITH REACTION:

BLOOD PRODUCT: (specify) | **DIAGNOSIS:**

Date of Transfusion: | **Medication Inadvertently Added to Blood Product:** ☐ No ☐ Yes Specify:

Time Transfusion Started: | **Time Transfusion Stopped:** | **Blood Warmer Used:** ☐ Yes ☐ No

Entire Unit Given: ☐ Yes ☐ No **Approximate Volume Transfused:**

NURSING PROTOCOL

PRE-TRANSFUSION VS. (send a copy of form 3050 when complete)
Temp: BP: **Pulse:** **Resp Rate:**

TIME REACTION NOTED. ____________
Temp: BP: **Pulse:** **Resp Rate:**

CHECK ALL THOSE THAT APPLY: ☐ Other: ____________

- ☐ Hives (Urticaria)
- ☐ Itching
- ☐ Chills
- ☐ Elevated Temp ≥1°C
- ☐ Muscle Aching
- ☐ Jaundice
- ☐ Pain location: ____________
- ☐ Failure to clot
- ☐ **Dark or Red Urine** (send for urinalysis)
- ☐ Decreased Urine Output
- ☐ Petechiae
- ☐ Hypotension
- ☐ Anaphylaxis
- ☐ Dyspnea
- ☐ Shock

FOR ALL REACTIONS: (Check boxes to indicate actions taken.)

- ☐ Transfusion stopped Time: ____________
- ☐ Patient identification checked on Blood Bank tag, patient arm band and paperwork:
  - ☐ Accurate ☐ Inaccurate, specify the inaccuracy & notify Blood Bank immediately. ____________
- ☐ Notified Physician/designee at ________ (time) and Blood Bank at ________ (time)

FOR ALL REACTONS FAX A COPY OF THE COMPLETED TRANSFUSION RECORD (form 3050) TO THE BLOOD BANK AT THE END OF THE TRANSFUSION

For Hives or Itching to RBC'S, FFP, Cryo, platelets (Allergic Reaction)

- ☐ Per Physician/designee order, transfusion resumed.
- ☐ Per Physician/designee order, transfusion discontinued.

NOTE BLOOD PRODUCTS CANNOT BE RESTARTED IF >2°C TEMPERATURE RISE

For Febrile reaction to platelets, FFP or Cryo that is less than 2°C:

- ☐ Per Physician/designee order, transfusion resumed.
- ☐ Per Physician/designee order, transfusion discontinued. Send entire blood bag (capped for sterile conditions) to the Blood Bank.

For Febrile reactions to RBC's and all other acute reactions to blood products:

- ☐ Immediate post-transfusion Anti-Coagulated EDTA (PINK) blood specimen sent **STAT** (for RBC transfusion)
- ☐ Entire Blood Transfusion Unit sent (capped for sterile conditions) to Blood Bank when transfusion is discontinued.

HISTORY: Any previous Transfusions? ☐ Yes ☐ No Pregnancy Hx: ____________
Previous Reactions? ☐ No ☐ Yes Describe: ____________
Antihistamines, Antipyretics or Steroids given prior to transfusion? ☐ No ☐ Yes Specify: ____________
Lasix: ☐ Yes ☐ No

SIGNATURE ____________ **RN**

LABORATORY INVESTIGATION ☐ CHECK IF NOT INDICATED Allergic Itching)

- ☐ Check all specimens and bag for proper identification.
  - ☐ Accurate ☐ Inaccurate ☐ Bag not returned

	PRE	POST
Plasma Color (visual check)		
DAT on patient sample		
ABO/Rh test result		

If Hemolysis is noted or DAT is Positive, Post-Transfusion, the Physician caring for the patient must be notified immediately. Contact Pathologist, then proceed to do extended work up.

If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis.

- ☐ Transfusion resumed per physician/designee order.
- ☐ Unit cultured, see separate report.

DAT result called to ________ at ________ by ________

LABORATORY TECHNICIAN SIGNATURE/DATE: ____________

CONCLUSION/ RECOMMENDATIONS: ☐ Allergic Reaction ☐ Febrile Nonhemolytic Reaction ☐ Hemolytic Reaction
☐ Other: ____________

PATHOLOGIST'S SIGNATURE: ____________ **Date:** ____________

Send original form to Blood Bank for Pathologist review.

White copy, patient chart Yellow copy, Blood Bank