## Appendix 2

**Chart Audit/Transfusion Reaction Investigation**

**Location: MRN: Name:**

Date of transfusion: Time: Previous Transfusions: Yes No When:

Consent: Yes No Transfusion Record: Where located?

Order on chart/CPOE: Number of units: Time specified/Infusion rate:

Blood component/ Product Type: unit number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount transfused:

Patient wearing ID: Legible:

IV established

Transfusion record stamped on both sides:

Signed by two HCP:

Time started:

Pre-Transfusion vital signs checked within 30 minutes prior to transfusion: Yes No

If not, specify Actual time: \_\_\_\_\_\_\_\_\_\_

Were vital signs checked 15 minutes after start of transfusion?

Multiple units given?

**Symptoms**: Start time Time Tx Rx resolved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fever |  | Flushing |  | Nausea Vomiting |  |
| Chills/rigors |  | Dyspnea/SOB |  | Anaphylaxis |  |
| Urticaria (hives) |  | Wheezing |  | Diffuse Hemorrhage |  |
| Rash |  | Hypotension |  | Jaundice |  |
| Itching |  | Hypertension |  | Pain |  |

**Treatment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Antipyretic |  | Diuretics |  | O2 supplement |  |
| Antihistamine |  | Analgesics |  |  |  |
| Epinephrine |  | ICU transfer |  |  |  |
| Steroid |  | Intubation/Ventilation |  |  |  |
| Fluid |  | Antibiotics |  |  |  |

**Comments /Notes:**

**Clinical Investigation Worksheet** (For Transfusion Safety Nurse Only)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Transfusion Date: | |  | | | | Transfusion Time: | | | | |  | | | | Current Pt. Location: | | | | | | |  |
| **History:** | | | | | | | | | | | | | | | | | | | | | | |
| Meds: | | | | | | | | | | | | | | | | | | | | | | |
| More than one blood component or blood product transfused? Yes / No Volume:\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Unit Tx’d | Vital Signs | | | | Time | | Temp | | BP | | | HR | | RR | | O2 Sat | | | | FIO2 | Comment | |
|  | Pre-Tx | | | |  | |  | |  | | |  | |  | |  | | | |  |  | |
|  | 15 min | | | |  | |  | |  | | |  | |  | |  | | | |  |  | |
|  | End | | | |  | |  | |  | | |  | |  | |  | | | |  |  | |
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|  |  | | | |  | |  | |  | | |  | |  | |  | | | |  |  | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **Tests ordered** (chart) | | | * CBC | | | | | * Blood Cultures | | | | | **Test results** | | | | | Haptaglobin | | | | |
| * Group and Screen | | | * Bili, LDH, | | | | | * Urinalysis | | | | | Hgb | | | | | Bili | | | | |
| * DAT | | | * aPTT, INR, fibrinogen | | | | | * Plasma Hb | | | | | LDH | | | | |  | | | | |
| * Chest X-ray | | | * Blood Gases | | | | | * Lytes, Creat | | | | | Retic | | | | | Fluid Balance | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | |
| 🞏 Transfusion Reaction reviewed by TM Technical Specialist / Operations Leader  🞏 Transfusion Reaction reviewed by Transfusion Safety Nurse  🞏 Transfusion Reaction reviewed by TM Medical Director  🞏 Transfusion Reaction reported in Soarian | | | | | | | | | | | | | | | | | *If applicable:*  *Canada Vigilance form faxed to:*  *🞏 Health Canada*  *🞏 Manufacturer* | | | | | |
| **MD CONCLUSION:**  Acute Hemolytic Transfusion Reaction  Anaphylactic Shock  Aseptic Meningitis  Bacterial Contamination  Delayed Hemolytic Transfusion Reaction | | | | Delayed Serologic Transfusion Reaction  Febrile-Non-Hemolytic Transfusion Reaction  Hypotensive Reaction  IVIG  Major Allergic Reaction  Minor Allergic Reaction | | | | | | | No Incompatibility Detected  NOT Transfusion Related  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post-Transfusion Purpura  Thrombosis  Transfusion-Associate Graft-Versus-Host Disease | | | | | | | | Transfusion-Associated Circulatory Overload (TACO)  Transfusion-Associated Dyspnea  Transfusion-Related Acute Lung Injury (TRALI)  Transfusion-Transmitted Infection | | | |
| Imputability: Definite Probable Possible Doubtful Ruled Out Grade: 🞏 1 🞏 2 🞏 3 🞏 4 | | | | | | | | | | | | | | | | | | | | | | |
| **For Future Transfusion:** | | | |  | | | | | | | | | | | | | | | | | | |

*FOR TM: Store with other TRANSFUSION REACTION documentation and copy of final report with conclusion*