## 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 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 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 ReactionAnaphylactic ShockAseptic MeningitisBacterial ContaminationDelayed Hemolytic Transfusion Reaction  | Delayed Serologic Transfusion ReactionFebrile-Non-Hemolytic Transfusion ReactionHypotensive ReactionIVIG Major Allergic ReactionMinor Allergic Reaction | No Incompatibility DetectedNOT Transfusion RelatedOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post-Transfusion PurpuraThrombosisTransfusion-Associate Graft-Versus-Host Disease  | Transfusion-Associated Circulatory Overload (TACO)Transfusion-Associated DyspneaTransfusion-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*