## Appendix 4

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| **TRANSFUSION REACTION INVESTIGATION PATIENT/PRODUCT INFORMATION** |
| 1. *Review TRAC report, ensuring completeness.*
2. *Using PPI, record implicated unit in designated area on this form*
3. *Follow TRAC Laboratory Management Poster to perform investigation, where required*
4. *Attach TRAC report to TRI form; forward to TSO or designate.*
 |
| *Unit/lot# implicated in Transfusion Reaction:* |  |  |

|  |
| --- |
| **UNIT CHECK (R125) Complete if unit is returned to BTL** |
|  | Y | N | N/A | Date | Initials |
| 1. Condition of unit, please describe: |  |  |  |  |  |
| 2. Color of unit, please describe: |  |  |  |  |  |
| 3. Cerner label and blood product information agree? |  |  |  |  |  |
| 4. Have associated products been place in quarantine? |  |  |  |  |  |
| 5. If sepsis suspected, has unit been sent to Micro? (refer to R128) |  |  |  |  |  |
|  |
| **FULL TRANSFUSION REACTION INVESTIGATION (R127) Complete if post-tx specimen is rec’d** |
| *Record Pre results for ORV. Pre and Post results must be repeated in parallel if any part of the Post investigation is abnormal or different from initial Pre results…..GO TO PARALLEL TESTING SECTION.* |
|  | **Samples** | **Accession#** | **Date/time Drawn** | **Plasma Colour** | **Label info OK?** | **ABO/Rh** | **DAT** | **Ab Screen** |  |
| Pre |  |  |  |  |  |  |  |
|  | Post |  |  |  |  |  |  |  |  |

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| --- |
| **PARALLEL RETESTING** |
| *Consult with TSO, Coordinator or designate immediately to determine the scope of parallel testing required.* |
|  | **Samples** | **Accession#** | **ABO/Rh** | **DAT** | **Ab Screen** | **AB ID** | **Tech:** |  |  |
| Pre |  |  |  |  |  |  |  |  |
|  | Post |  |  |  |  |  |  |  |  |

Life threatening reaction, notify Medical Director/Hematology Consultant on call.

Person Notified: Date/Time Tech:

***SECTION COMPLETED BY TSO/designate:***

***Admission Diagnosis****:*

*Date/Time Report Rec’d by TSO/designate:*

*Type of Reaction:*

*Recommendation:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Febrile:** | **Y** | **N** | **Comment** |  | **SOB:** | **Y** | **N** | **Comment** |
| Fever 24 hr prior |  |  |  | Additional vitals |  |  |  |
| Febrile Neutropenia |  |  |  | Chest Xray |  |  |  |
| Pre-transfusion Medications |  |  |  | Echo |  |  |  |
| Blood Cultures Collected |  |  |  | Intubation |  |  |  |
| Hemolytic Markers |  |  |  | Clinical Outcome |  |  |  |
|  |
| **Allergic:** | **Y** | **N** | **Comment** |  | **Hypotensive** | **Y** | **N** | **Comment** |
| Pre-transfusion Medications |  |  |  | ACE Inhibitors |  |  |  |
| BP |  |  |  | Allergy |  |  |  |
| Clinical Outcome |  |  |  | BP 24 hr prior |  |  |  |
| Degree |  |  |  | Blood Cultures Collected |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Delayed Hemolytic** | **Y** | **N** | **Comment** |
| Pre/Post Hemolytic Markers |  |  |  |
| Antibody Screen ID |  |  |  |
| DAT |  |  |  |
| Clinical Data |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporting** | **Y** | **N** | **Comment** |
| CBS Notified |  |  |  |
| Drug Manufacturer Notified |  |  |  |
| Patient comment added |  |  |  |
| Health Canada Notified |  |  |  |
| TRX resulted |  |  |  |
| Chart report printed/checked |  |  |  |
| Associated units releases from Quarantine |  |  |  |

Comments:

Reviewed By:

Date Reviewed: