|  |  |
| --- | --- |
| **Instructions to Nursing Staff:**  When symptoms are found that may be due to the  transfusion of blood products**, regardless of the**  **type of product being administered**:   * **Stop** the transfusion, maintain I.V. access with   0.9% sodium chloride   * **Determine** that the patient information on the   compatibility label matches the information on the patient identification wristband   * **Notify** the attending physician of the symptoms. * **Document** the symptoms and action on this form. * If the symptoms are only rash and/or itchiness,   suspect an allergic reaction. The physician may  prescribe an antihistamine if only allergic symptoms are seen. If symptoms disappear with antihistamine treatment, resume transfusion.   * If symptoms appear again or do not disappear,   **discontinue** the transfusion and **send** the bag and administration set to the transfusion service for investigation.   * Request a post-transfusion specimen collection. * Collect first voided urine and send to the transfusion service. | **Addressograph area** |
| **Signs / symptoms associated with acute transfusion reactions** (Check all that apply):   * Chills * Fever (at least 38oC and an increase of at least 1°C from baseline) * Shaking chills (rigors) with or without fever * Pain at infusion site or in chest, abdomen or flanks * Blood pressure changes, usually acute, hyper or hypotension * Respiratory distress, (dyspnea, tachycardia or hypoxemia) * Skin changes (flushing, itching, urticaria, edema) * Nausea with or without vomiting * Circulatory shock * Urine color changes   **Unit or lot number patient was receiving when symptoms occurred (use sticker if applicable):** |
| |  |  |  | | --- | --- | --- | | **Vital Signs** | **Pre-Transfusion** | **Post-Transfusion** | | Temperature | ºC | ºC | | Blood Pressure |  |  | | Pulse |  |  | | Date/Time |  |  |   Name of physician notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person reporting:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Laboratory Investigation** (refer to RT. 012- Investigation of Transfusion Complications)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time of collection | Pre-Transfusion | **Post-Transfusion** | | Interpretation: Transfusion Services Medical Director or designate:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Subsequent Transfusion Requirements:**  **Pre-medication recommended:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Washed Blood Components:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IgA Deficient Components:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |
| Clerical Error Check |  |  | |
| Visual Inspection |  |  | |
| Direct Antiglobulin Test (DAT) |  |  | |
| Other |  |  | |
| Technologist |  |  | |
| Other Comments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Notification of Blood Supplier:** | | | Supplier Notified? ❒ Yes ❒ No Date notified, if applicable: | |

Copy must be retained on patient’s medical record indefinitely