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| --- | --- |
| **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)

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| --- | --- | --- | --- |
| 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