

**University of Michigan Hospitals and Health Centers
Transfusion Reaction Evaluation**

6/23/08

Patient Name	Date/Time of Report
CPI Number	Patient Location
MD/RN Contact	Phone/Pager
Product Transfused	Volume mL <input type="checkbox"/> Completed

Patient History (why admitted):

Indications for Transfusion:

Other Products Transfused Within the Past 3 Hours:

Symptoms: Fever Chills Dyspnea Nausea Vomiting Chest Pain Back Pain Hemoglobiniurea Hives Flushing Other rash _____
 Other:

Vital Signs	Pretrans-fusion	Time of Reaction	Follow-up Time	Other Pertinent findings
Pulse				
Temperature				
Blood Pressure				
O₂ Saturation				

Premedications Tylenol Benadryl Other _____

Previously Febrile No Yes T max _____

24 hour fluid balance: Input _____ Output _____

Medications ACEI Pressors Other _____

Workup Clerical Check 1st Tier 2nd Tier CXR Culture CBCP
 BNP Tryptase IgA

(To order tryptase, have floor send a serum separator tube down to CD with a special laboratory requisition to CD and have them write on the requisition Tryptase for Mayo Labs Sendouts Test #81608)

Hemolysis: + free heme or + 2nd tier: CBCP, LDH, haptoglobin, bili, lytes, coags, urine output > 100 mL/hr. Call Blood Bank attending.

Bacterial Contamination: P>120 or ↑40; SBP ↑or ↓>30; T↑≥2.5C. Culture and Gram stain unit, Call Blood Bank attending if + stain.

TACO vs TRALI: ↑RR, ↑or ↓BP, ↓O₂ SAT, CXR, CBC with Diff, BNP, Pulse O₂

Severe Allergic: ↑RR, wheezing, ↓BP, ↓O₂ SAT, Tests: IgA, tryptase; treatment: Benadryl 50 mg, ranitidine 50 mg, hydrocortisone 100 mg, albuterol NMT

Communicate results of evaluation and transfusion recommendations. Inform the reporting nurse or physician to call you back if the patient's condition changes (i.e. hypotension, SOP, increasing temperature) even is the work-up is negative.

Communicated to _____ **Date/Time** _____

Signature _____ **Date** _____