If a Transfusion Reaction Is Suspected

1. Stop the transfusion.
2. Immediately verify the patient and blood component identification
4. Consult with the Blood Bank regarding samples required for serological investigation.
5. Consult with Blood Bank House Officer and the on-line version of the Blood Transfusion Policies and Standard Practices – Chapter 7 for further guidance (see web link at bottom of this box)
6. Submit the top copy of the completed form to the Blood Bank immediately.

on-line version of Transfusion Policies: http://www.pathology.med.umich.edu/bloodbank/manual

Answer the following questions:

Date of Report: __________________________     Clinical Care Provider
Report Submitted By _______________________     Notified________________ Dr. No. ______
Attending Physician ______________________    Dr. No. _____

1. Patient and Product Identification were checked and agree   □ Yes   □ No
2. Date and time of reaction ____________________________________________________________________
3. Blood Component ______________________________  Donor Unit number __________________________
4. Volume Transfused _______________ ml        Time Started__________________________
5. Other transfusions in the last 3 hours?_______________ If so, products given: _________________________
6. Was a blood warmer used  □ Yes    □ No
7. IV Solution used : _________________________________________________________________________
8. Was medication added to the unit or IV tubing? □ Yes _________________ □ No
9. Premedication □ None □ Tylenol □ Benadryl □ Other : ______________________________________
10. Signs and Symptoms

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>Pretransfusion</th>
<th>At time of Reaction</th>
<th>Follow-up Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O₂ Saturation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ Chills □ Back Pain □ Dyspnea □ Hives □ Chest Pain □ Hemoglobinuria □ Rigors
□ Other : ______________________________________

11. Transfusion Indications:
12. Medical History (Main Diagnoses):
13. Has the patient been routinely spiking temperatures throughout the day? □ Yes □ No
14. What is the maximum temperature in the past 24 hours before transfusion started? ____________
15. Input/Output      Last  8 hours ____________    Last 24 hours ____________
16. Is the patient on ACE inhibitor? □ Yes □ No
17. Is the patient on pressors? □ Yes □ No