University of Michigan Hospitals and Health Centers
Transfusion Reaction Evaluation

6/23/08

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date/Time of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPI Number</td>
<td>Patient Location</td>
</tr>
<tr>
<td>MD/RN Contact</td>
<td>Phone/Pager</td>
</tr>
<tr>
<td>Product Transfused</td>
<td>Volume mL</td>
</tr>
</tbody>
</table>

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
- Hemoglobinuria
- Hives
- Flushing
- Other rash
- Other:

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

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 if the work-up is negative.

Communicated to ___________________________ Date/Time ________________

Signature ___________________________ Date ________________