UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS
DEPARTMENT OF PATHOLOGY

TRANSFUSION REACTION REPORT
CONSULTATION REQUEST FORM

If a Transfusion Reaction Is Suspected

1. Stop the transfusion. Do NOT Discard Unit.
2. Immediately verify the patient and blood component identification.
4. Consult with the Blood Bank regarding samples required for serological investigation.

**On-line version of Transfusion Policies:** [http://www.pathology.med.umich.edu/bloodbank/manual](http://www.pathology.med.umich.edu/bloodbank/manual)

Answer the following questions:

Date of Report: ____________________________
Report Submitted By ____________________________
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 Dose ____________________________ □ Benadryl Dose ____________________________ □ Other: ____________________________ Dose ____________________________

11. Signs and Symptoms

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>Pretransfusion</th>
<th>At time of Reaction</th>
<th>Follow-up Time</th>
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<tbody>
<tr>
<td>Time Vitals Taken</td>
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<td>Pulse</td>
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<td>Temperature</td>
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<td>Blood Pressure</td>
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<td>Respiration</td>
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<td>O2 Saturation</td>
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□ Hives □ Fever □ Chills/Rigors □ Back Pain □ Dyspnea □ Chest Pain □ Hemoglobinuria □ Additional Information: ____________________________

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

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