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 □ Hemoglobinurea □ Hives □ Rash □ Flushing □ Other:

Vital Signs

Pulse

Temperature

Blood Pressure

Respiratory Rate

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 (request that 1 pink-top be sent to BB) □ 2nd Tier (request 2nd pink-top) □ CXR □ Culture □ CBCP □ BNP □ Tryptase □ IgA

(Hemolysis (+ free heme or + 2nd tier): CBCP, LDH, haptoglobin, bili, lytes, coags. Call BB attending.

Bacterial Contamination (P>120 or ↑40; SBP ↑or ↓>30; T↑≥2.5C (4.5F)): Culture and Gram stain unit. Call BB attending if + stain.

Volume Overload vs TRALI (↑RR, ↑or ↓BP, ↓O₂ SAT): CXR, CBC with Diff, BNP, Pulse O₂. Call BB attending if suspected TRALI.

Severe Allergic (↑RR, wheezing, ↓BP, ↓O₂ SAT): IgA, tryptase

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, SOB, increasing temperature) even if the work-up is negative. See on-call manual for guidelines regarding treatment of allergic reactions, volume overload, hemolysis, and TRALI. Medications and tests must be ordered by the patient’s clinical team.

Communicated to ______________________ Date/Time ________________

Signature ___________________________ Date __________________