

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

8/07/08

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
 Hemoglobinuria Hives Rash Flushing
 Other: _____

Vital Signs	Pretrans- fusion	Time of Reaction	Follow-up Time	Other Pertinent findings
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

(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. 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** _____