

# REPORT OF SUSPECTED TRANSFUSION REACTION

<b>Puget Sound Blood Center</b> research   medicine   blood & tissue services	TECH ID _____	PSBC ORDER # _____	TIME RECEIVED _____
CENTRAL    Ph. (206) 292-6525    FAX (206) 343-1780 BELLEVUE    Ph. (425) 453-4560    FAX (425) 453-5095 UDL    Ph. (206) 522-2462    FAX (206) 522-5948 RENTON LAB    Ph. (425) 656-7900    FAX (425) 656-7945	<b>NOTE: TRANSFUSION REACTION EVALUATIONS SHOULD BE TREATED AS AN EMERGENCY AND REPORTED IMMEDIATELY.</b>		

**Instructions:**

- Stop Transfusion. Do not discard unit or infusion set.
- Notify patient's MD. If culture of component and patient is ordered, send bag and patient samples to **hospital** laboratory.
- Maintain IV access.
- Monitor vital signs frequently.
- Perform clerical check\*.
- Draw and send one or two anticoagulated (EDTA) specimens as specified by your policy to the **hospital** lab STAT with this form.
- Obtain urine sample. Send red/dark urine to the **hospital** laboratory.
- If transfusion is to be discontinued, send the blood bag, infusion set, and any attached IV fluids with this form to the Puget Sound Blood Center.

**\*Perform clerical check:**

1. Name and hospital ID number on the **Transfusion Report** agree with the **patient's identification band**.  Yes     No
2. The blood bag number and ABO-Rh on the **Transfusion Report** agree with the information on the **blood bag label**.  Yes     No

If no, explain \_\_\_\_\_

PERSON REPORTING _____	PHONE RESULTS TO: (NURSE OR PHYSICIAN NAME) _____
PATIENT'S PHYSICIAN _____	SERVICE OR UNIT & TELEPHONE NUMBER _____
PATIENT'S DIAGNOSIS _____	

IMPLICATED UNIT NUMBER		Pre-medication:
HAND WRITE UNIT NUMBER HERE	AFFIX UNIT NUMBER STICKER HERE (if available)	<input type="checkbox"/> Tylenol <input type="checkbox"/> Benadryl <input type="checkbox"/> Other _____

<b>Component:</b> <input type="checkbox"/> Red blood cells <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Fresh frozen plasma <input type="checkbox"/> Whole Blood <input type="checkbox"/> Platelets <input type="checkbox"/> Other _____	<b>Signs and Symptoms (new onset with or after transfusion)</b> <input type="checkbox"/> Fever <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Shaking chills <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Flushing or hives <input type="checkbox"/> Persistent severe hypoxia <input type="checkbox"/> Urticaria <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Periorbital edema <input type="checkbox"/> Back or chest pain <input type="checkbox"/> Wheezes <input type="checkbox"/> Mechanical ventilation/intubation <input type="checkbox"/> Dark/red urine
Amount infused (est.) _____	Is the patient now back to baseline for the six symptoms listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____
<b>Time and Vital Signs:</b> <u>Start of Transfusion</u> <u>Time of Reaction</u> Date/Time:                                  Date/Time: BP    BP P    P T    T R    R O <sub>2</sub> Sat _____                              O <sub>2</sub> Sat _____	<input type="checkbox"/> Other _____ _____ _____

<b>Date &amp; Time</b> <b>Specimen collected</b> _____  Person drawing specimen X _____  Person verifying Patient I.D. X _____	<b>Hospital Laboratory:</b> Centrifuge of one EDTA tube reveals hemolysis? <input type="checkbox"/> Yes <input type="checkbox"/> No Tech Initials _____ Culture of bag sent to hospital laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Routed to the Blood Center  DATE & TIME _____
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**Immediately send one EDTA tube, the blood bag, infusion set with attached IV fluids, and this report to the Blood Center.**

**Note: Name must exactly match name on sample label.**

Name on Sample    LAST	FIRST	M.I.
Hospital Identification Number _____		
Hospital/Institution _____		
Social Security Number _____	Sex (M/F) _____	Date of Birth (mm/dd/yr) _____

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