TRANSFUSION REACTION NOTIFICATION FORM

Instructions

In the event of a reaction following transfusion of blood or blood products, please complete the following details and send to the Transfusion Medicine Unit/ Transfusion Provider together with:

1. All bags of blood or blood products administered with IV administration set intact
2. Post transfusion 10mL EDTA patient blood sample AND 10mL clotted patient blood sample

Further investigations and management should be guided by the patient's clinical condition.

Hospital Details

AHP Name Consultant Ward

Transit details (if reaction occurred in transit)

Patient Details

Surname Given Names

UMRN Date of Birth Sex

Patients diagnosis, relevant clinical history and medications.

Observations prior to transfusion Temp ˚C Pulse BP RR O_2 Sat^n

Observation at time of reaction Temp °C Pulse BP RR O_2 Sat^n

Signs and Symptoms – tick all that apply

☐ Pyrexia/fever	☐ Rigor/Chills	☐ Restless/anxiety	☐ Tachycardia	☐ Bradycardia	☐ Extensive rash or urticaria
☐ Hypertension	☐ Hypotension	☐ Cough	☐ Raised JVP	☐ Dyspnoea	☐ Pulmonary oedema
☐ Tachypnoea	☐ Hypoxia	☐ Wheeze +/- stridor	☐ Angioedema	☐ Arrhythmia	☐ Extensive flushing
☐ Haematuria	☐ Jaundice	☐ Nausea	☐ Vomiting	☐ Pain at IV site	☐ Chest and/or loin pain
☐ Collapse	☐ Other: Specify				

Comments:

Transfusion Details

Product type Volume transfused

Special requirements ☐CMV-Negative ☐Irradiated ☐Other

Date and time transfusion commenced

Date and time transfusion reaction detected

Donation /batch numbers of unit transfused

Treatment provided for management of reaction:

Will further blood product support be required in 24 hours? ☐ Yes ☐ No ☐ Unknown

Transfusion reaction type (if known) Outcome severity (if known)

Imputability Score (if known)

Contributory Factors (if known at time of reporting)

☐ None identified
☐ Prescribing/ordering
☐ Product characteristic
☐ Transfusion in emergency setting:
☐ Deliberate clinical decision:
☐ Specimen collection/ labelling
☐ Other:
☐ Indications did not meet guidelines
☐ Administration of product
☐ Laboratory – Pre-transfusion testing
☐ Did not adhere to procedures/guidelines
☐ Transport, Storage, Handling

Concomitant blood products

☐ RBC ☐ Platelets ☐ FFP ☐ Cryoprecipitate ☐ Cryo. depleted plasma. ☐ Other: Specify

Reported by:

Name Signature *(HE number)*

Designation Contact number/pager