Health Authority LOGO

TRANSFUSION REACTION REPORT

Patient Demographics

☐ Facility ☐ Facility ☐ Facility ☐ Facility ☐ Facility
☐ Facility ☐ Facility ☐ Facility ☐ Facility ☐ Facility

Diagnosis:

Indication for Transfusion:

Category: ❑ Hematology/BMT ❑ Oncology ❑ Medical ❑ Surgical ❑ Obstetrics/Gyn/Perinatal ❑ Trauma ❑ Neonatal

1. Patient and Blood Component/Product Unique Identifier Verification (Clerical Check)

Is the information **IDENTICAL** on all the following: • Patient ID band • Issue document/tag • Blood component/product label? ❑ **YES** ❑ **NO**

IF NO, contact TMS/Lab **IMMEDIATELY**. **Another patient may be at risk.** Date /Time TMS/Lab notified:

2. Clinical History (Check all that apply)

❑ Pre-existing fever ❑ History or evidence of circulatory overload ❑ Immune-compromised (specify):

❑ Transfused under GENERAL anesthesia ❑ Transfused under REGIONAL anesthesia ❑ Transfusion pre-medication (specify):

Patient currently prescribed: ❑ ACE inhibitor ❑ Diuretic ❑ Antibiotic(s)

History of transfusion: ❑ No ❑ Unknown ❑ Yes (within 3 months) ❑ Yes (> 3 months)

History of pregnancies/miscarriages: ❑ No ❑ Unknown ❑ Yes (within 3 months) ❑ Yes (> 3 months)

3. Location, Date, and Time of Transfusion Reaction

Patient location: ❑ ICU ❑ ER ❑ Medical ward ❑ Surgical ward ❑ OR ❑ PAR ❑ OB/Gyn ❑ Outpatient ❑ Chronic Care

Date (dd/mmm/yyyy)	Time Transfusion **Started**	Time Reaction **Occurred**	Time Transfusion **Stopped**	Time Transfusion **Restarted** (Quick Reference Guide)

4. Clinical Signs and Symptoms

Pre-transfusion	Temp: °C (route)	BP:	Pulse:	Respiratory Rate:
Post- transfusion	Temp: °C (route) (Highest)	BP:	Pulse:	Respiratory Rate:

Clinical Signs and Symptoms: Check all that apply.

❑ Urticaria (rash)
❑ Pruritus (itching)
❑ Headache
❑ Fever **(Oral T ≥38°C AND ≥1°C rise above baseline temp)**
❑ Chills (sensation of cold)
❑ Rigors (involuntary shaking)
❑ Flushing
❑ Skin rash other than urticaria
❑ Restlessness/anxiety
❑ Nausea/vomiting
❑ Joint/muscle pain
❑ Back pain
❑ Chest pain
❑ Heat/pain at IV site
❑ Dizziness
❑ Jaundice
❑ Red or brown urine
❑ Oliguria
❑ Diffuse hemorrhage
❑ Facial or tongue swelling
❑ Dyspnea (shortness of breath)
❑ Wheezing
❑ Hypoxemia: SpO_2 _____% or PaO_2_____ mm Hg on
  ❑ Room air
  ❑ Supplementary O_2 _____L/min
❑ Hypertension
❑ Hypotension (SBP drop ≥ 30mmHg)
❑ Tachycardia (HR rise > 40bpm)
❑ Shock

Other relevant clinical information:

5. Blood Component/Product(s) and Equipment Information (Attach sheet with additional information if needed.)

5a. Blood Component/Product Type	Unit or Lot Number	Volume Transfused (mL or # of vials)

5b. Filters or Equipment Used: ❑ Standard blood filter ❑ Other blood filter ❑ IV pump ❑ Blood warmer ❑ Rapid infusion device ❑ Re-infusion device ❑ Cell saver Details:

6. Measures and Notifications

6a. Treatment Measures Taken (Check all that apply)

❑ Antipyretics
❑ Antihistamines
❑ Steroids
❑ Diuretics → ❑ Effective
❑ Antibiotics
❑ Vasopressor
❑ Analgesic
❑ Supplementary O_2
❑ Chest X-ray
❑ ICU
❑ Ventilation → Duration: _____
❑ Blood samples taken
❑ Other:

Notifications:
Physician (name): Date/Time:
TMS/Lab(name): Date/Time:

6b. Reported By: (signature)

Name (print): Designation Date/Time:

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Transfusion Medicine Service / Laboratory Use Only

7. Results of Investigation and Pathologist Conclusion

7a. History of Previous Transfusion Reactions

❑ None ❑ Unknown ❑ Yes (within 3 months) ❑ Yes (> 3 months) Type of previous reaction:

7b.Relevant Lab Results and Additional Clinical Information **Patient ABO/D :**

Examination	Pre-transfusion Result	Post-transfusion Result
DAT		

7c. Pathologist Conclusion (based on 2007 PHAC definitions)

❑ Incident: ❑ Patient identification ❑ Product related ❑ Equipment related ❑ Other(specify):_____

❑ No transfusion reaction ❑ FNH ❑ Minor allergic ❑ Severe allergic/anaphylactic/ anaphylactoid ❑ Anaphylactic shock

❑ IVIG headache ❑ Aseptic meningitis (IVIG related)

❑ Incompatible Transfusion ❑ Intentional ❑ Unintentional ❑ ABO System Anti-_____ ❑ Other System Anti- _____

❑ Acute hemolytic reaction ❑ Delayed hemolytic reaction Cause: _____

❑ Delayed serological transfusion reaction Specify new alloantibody(ies) within 28 days of transfusion: Anti-_____

❑ TACO ❑ TAD ❑ Hypotensive reaction ❑ PTP ❑ TA-GVHD

❑ Bacterial contamination ❑ Positive culture product Organism (specify): _____

❑ Positive culture recipient Organism (specify): _____

❑ TRALI ❑ Possible TRALI → Risk factors: _____

❑ CBS TRALI criteria met (1+2+3+4:) ❑ CBS TRALI form sent Date: _____

1 ❑ Hypoxemia (defined as any of) ❑ SpO_2 < 90% on Room Air **or** ❑ PaO_2 < 60 mm Hg on Room Air **or** ❑ PaO_2/FIO_2 < 300

2 ❑ Transfusion within 6 hours of TRALI 3 ❑ New Chest X-Ray findings of bilateral infiltrates 4 ❑ No evidence of circulatory overload

❑ Unknown ❑ Other (specify): _____

7d. Relationship, Severity, and Outcome

Relationship of reaction to transfusion	❑ Definite	❑ Probable	❑ Possible	❑ Doubtful	❑ Ruled out	❑ Not determined
Severity (Grade)	❑ 1 (non-severe)	❑ 2 (severe)	❑ 3 (life-threatening)		❑ 4 (death)	❑ Not determined
Outcome	❑ Minor or no sequelae	❑ Major or long-term sequelae			❑ Death	❑ Not determined
Relationship to death	❑ Definite	❑ Probable	❑ Possible	❑ Doubtful	❑ Ruled out	❑ Not determined

Blood supplier or manufacturer notified ❑ No ❑ Yes → Supplier/Manufacturer Contact: _____ Date/Time: _____

Status of investigation ❑ In progress ❑ Cannot be concluded → Reason (specify) ❑ Concluded

8. Pathologist Comments and Recommendations

❑ **This report relates to a transfusion administered at a facility other than the reporting facility.**
Transfusion Facility Name:

Transfusion Service Medical Director or Pathologist (or Designate)

Signature: _____ Name (print): _____ Date: _____