Donor Haemovigilance

December 2025

The contents of this document are believed to be current. Please continue to refer to the websites for in-date versions.

Clinical assessment of donor adverse events (DAEs):

Assessing donors with possible vasovagal reactions

This document is intended for healthcare professionals responsible for the clinical assessment of donors experiencing potential adverse events following blood donations. This will not replace the clinical judgement required for the evaluation of donor adverse events.

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Update information

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Questions to ask when assessing a donor with a possible vasovagal reaction

Donor vasovagal reactions (VVRs) can occur immediately (at session) or be delayed (away from session). They can present as presyncope or as syncopal attacks, with or without injury.

Donor with Presyncope (feeling faint without loss of consciousness) can have:
a feeling of uneasiness, anxiety, mild sweating, flushing, dizziness/lightheadedness, continuous yawning, nausea, vomiting, pallor, rapid breathing, increased pulse rate.

Donor with Syncopal attack (fainting with loss of consciousness) can have:
Loss of consciousness (LOC) which can last <60 sec or >60 sec (episodes of LOC may be recurrent), slow heart rate with weak pulse, shallow breathing, slight twitching of extremities, abnormal/convulsive movements, vomiting, urinary and/or faecal incontinence.

- Code the adverse event as per your local SOP.
- Ensure to record the date and venue of the implicated donation.
- Include open questions, e.g. tell me more about your concern. Ask further direct questions to illicit more detailed information if it is not included in the donor's explanation.

What happened?

- For donors with severe allergic reaction: donation may need to be recalled as there is a possible risk to the recipient. Please follow your local guidelines.
- Did the donor only feel faint, or did they experience loss of consciousness (LOC)?
- Did they sustain any injuries?
- If there was LOC:
  - How long did it last?
  - Did they experience any complications e.g., vomiting, urinary and/or faecal incontinence, convulsive movements?
- How long did they take to recover?

Special consideration should be given to donors who have had:

- **Head injury**
- **Prolonged LOC with delayed recovery**
- **Prolonged seizure**

At what stage of the donation did the VVR occur?

- Pre-donation, e.g. during the donor health screening?
- During donation?
  - If yes, at what point of the donation (start/during/end)?
- Post-donation?
  If yes, where did it happen?
  - At the donation session?
    - If yes, were they on the donation chair, in the refreshment area?
  - After leaving the donation session?
    - If yes, how long after leaving the session? Where were they when it happened?

Has it affected activities of daily living (ADL)?

- Have the donor's activities of daily living been affected?
  If yes:
  - Which activities and to what extent?
  - For how long?

Were there any possible contributing factors?

Donor related factors

- Relating to immediate and delayed VVRs – higher risk group noted in brackets:
  - Sex (female donors)
  - Age (younger donors)
  - Weight (low BMI)
  - Donor type (new/first five donations)
  - History of VVRs (related and unrelated to donation)
  - History of postural hypotension
  - Poor preparation for donation, e.g., inadequate food and/or fluids, large meal immediately before donation, strenuous exercise prior to donation, lack of sleep night before
  - General anxiety, fear of needles/blood
  - Medication, e.g., diuretics
  - History of seizures
- Relating to delayed VVRs only – post-donation contributing factors:
  - Inadequate fluid intake
  - Inadequate/too much food intake
  - Consumption of alcohol
  - Prolonged standing
  - Strenuous exercise/work
  - Heat e.g., warm environment, hot bath/shower, saunas

Donation/session related factors

- Long waiting time
- Hot environment
- Painful/difficult venepuncture
- Not performing applied muscle tension during donation
- Co-donor factors, e.g., observing someone else fainting

Other factors

- Suspected donor illness/infection

Management and follow-up

Post donation advice and information leaflets should be available in your blood service for donor education.

Donor follow-up should be provided according to your local guidelines. The donor should be given appropriate advice based on individual clinical assessment. Ensure the medical record includes the advice provided to the donor at the time of discussion, including if they have been advised to seek outside medical care.

Further follow-up of the donor should be encouraged where appropriate, especially when they have experienced significant complications, e.g. head injury or hospitalisation. Ensure to record if they have required any outside medical care and what the outcome/diagnosis was. Include if they required hospitalisation, IV fluids or other treatment, investigations (e.g. blood tests, radiological/cardiac investigations), interventions for complications (e.g. surgery for a fractured bone/dental treatment).

Consider future donations?

- Is the donor eligible to return to donate in future?
    - If yes, consider whether a deferral period is appropriate before donor returns to donate.

Are there any implications for the donation-related component?

Post-donation information received related to the incident need to be reviewed appropriately to decide the action on donation outcome. Please follow your local guidelines.