

Blood Transfusion Reaction form – Clinical

Date and Time of this Report:		Reporters Name and Contact No:			
Hospital:		Ward/Dept			
Patient Details		Details of implicated component			
Surname:		Red cells <input type="checkbox"/>	Platelets <input type="checkbox"/>		
Forename:		FFP <input type="checkbox"/>	Other <input type="checkbox"/>		
DOB:	Male/Female	Unit No:			
Hospital No:		Does the unit, patient details and paperwork all match? Y/N			
NHS No:		Was the unit warmed? Y/N			
Details of indication for transfusion		Details of any previous transfusion reactions			
Patient's underlying diagnosis, medical history, current antibiotics and reason for transfusion:					
Details of transfusion reaction					
Date/time transfusion of implicated unit started:					
Time from start of transfusion to onset of symptoms:					
Approximate volume transfused:					
Patient's Symptoms					
Baseline observations		Further details including rationale for suspecting transfusion reaction			
Temp	BP			Pulse	O2 Sats
Observations at time of reaction				O2	
Temp	BP			Pulse	Sats
Pyrexia <input type="checkbox"/>				Headache <input type="checkbox"/>	
Chills or Rigors <input type="checkbox"/>				Tachycardia <input type="checkbox"/>	
Breathlessness <input type="checkbox"/>				Wheeze <input type="checkbox"/>	
Pain at iv site <input type="checkbox"/>				Back pain <input type="checkbox"/>	
Hypotension <input type="checkbox"/>				Loin pain <input type="checkbox"/>	
Productive cough <input type="checkbox"/>				Nausea or Vomiting <input type="checkbox"/>	
Rash <input type="checkbox"/>		Urticaria/hives <input type="checkbox"/>			
Management of transfusion reaction – Refer to flowchart to manage patient symptoms					
INFORM the Transfusion Laboratory <input type="checkbox"/> RETURN implicated unit including giving set intact, this form, blood samples and request forms immediately to the lab for further investigation if transfusion stopped <input type="checkbox"/> COMPLETE -DATIX assigning the Transfusion Practitioner as the lead investigator <input type="checkbox"/>		COMPLETE request forms and send samples for: Blood Cultures where infection is suspected Blue Top: Clotting Screen to look for coagulopathy Red Top: Additional transfusion tests Yellow Top: E&Cr, LFT, Bilirubin, CRP, LDH, check for haemolysis or sepsis Purple Top: FBC check for haemolysis Pink top: G&S –to confirm group and antibody status. Look for antibody activation. (DAT will be included)			
Drugs given to manage transfusion reaction					