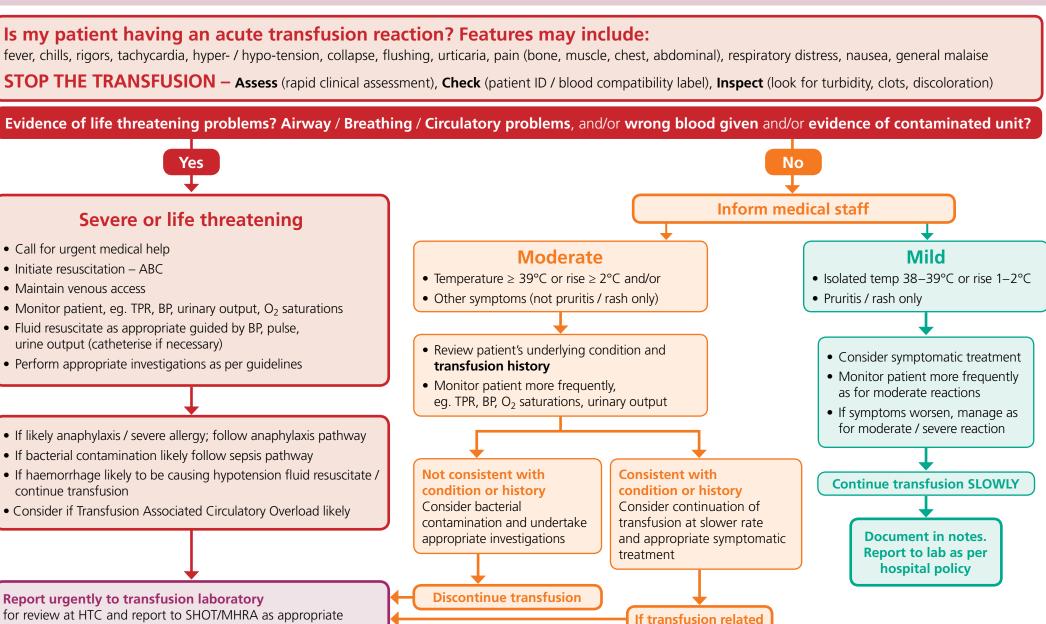
Acute transfusion reactions (ATR)

Telephone numbers: Transfusion laboratory



Haem. consultant

If transfusion is discontinued, **DO NOT** discard unit but return with administration set to transfusion lab. Ensure episode and details of treatment are recorded in patients notes

Acute transfusion reactions (ATR)

Safe transfusion practice – **Be careful, be vigilant**

All patients who have a blood component transfusion are at risk of an ATR

- Patients receiving a transfusion must be in a clinical area monitored by trained staff competent to manage transfusion and ATR
- Check 'Right patient, right blood'. Confirm patient identity with patient, check patient ID band check component compatibility label Inspect: Examine component bag for abnormal appearance (clumps, particles or discolouration). Check IV cannula site for infection

Nausea

- Monitor: Measure patient's vital signs before transfusion, during transfusion and after transfusion
- Inform: Ask patient to report any new symptoms or signs during transfusion and within 24 hours of transfusion

Signs and symptoms of ATR

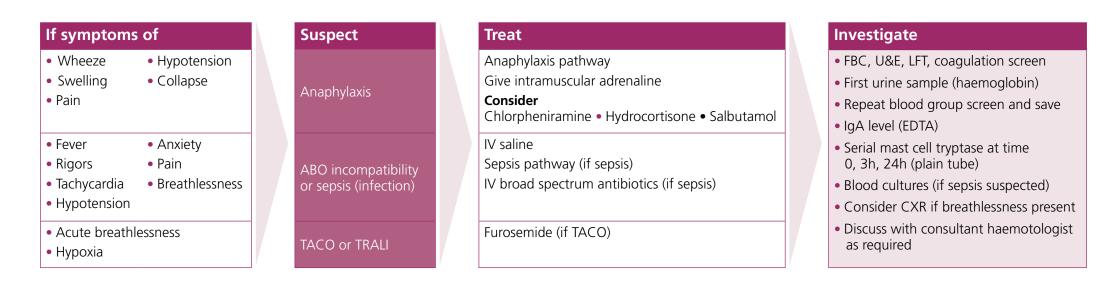
- Fever, chills, rigors
- Hypotension
- Pain

- Myalgia
- Hypoxia
- Signs of analphylaxis
- Acute bleeding from mouth, rectum, bladder, wounds
- Severe anxiety or sense of impending doom

- Mouth or throat tingling or swelling (angioedema)
- Breathlessness or noisy breathing (stridor or wheeze)
- Skin rashes or itch

Management

Stop transfusion immediately • ABC • Oxygen • Get medical help urgently



• Report reactions to laboratory according to hospital policy • Return component and giving set to laboratory if required • Complete report/incident form