

Your
Hospital's
Logo
Here

SUSPECTED TRANSFUSION REACTION RECORD

PATIENT IDENTIFICATION

ATTENDING PHYSICIAN:		ORDERING PHYSICIAN:			
DATE:	MEDICATION:				
CLINICAL DIAGNOSIS:					
BLOOD BANK NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME:	BY:	Donor(s) B.B. #:	AMT OF BLD REC'D:	
NURSE'S SIGNATURE / TITLE:					DATE:

INSTRUCTIONS TO NURSING STAFF

1. STOP Blood Transfusion immediately, but keep intravenous line open with normal saline drip. Notify Ordering and Attending Physician immediately.
2. Check for agreement of all identifying names, numbers on the transfusion unit, pilot tubes, and patient's wrist band.
3. Record vital signs (blood pressure, pulse, respiration and temperature).
4. Notify Blood Bank of suspected transfusion reaction.
5. If the only symptom of a transfusion reaction is urticarial rash, notify the Physician regarding continuation or discontinuation of the transfusion.
6. If temperature elevation > 1 degree C with or without symptoms:
 - a. Discontinue the unit of blood immediately
 - b. Notify physician and Blood Bank immediately
 - c. Send a Post-Transfusion sample of patient's blood along with the discontinued unit of blood, the administration set (withOUT IV needle) and related Request Forms.

COMPLETE THE FOLLOWING

	PRE - TRANSFUSION	POST - TRANSFUSION	OTHER SYMPTOMS
TEMPERATURE			<input type="checkbox"/> GENERAL PAINS <input type="checkbox"/> CHEST PAIN <input type="checkbox"/> NAUSEA / VOMITING <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILLS <input type="checkbox"/> SHORTNESS OF BREATH <input type="checkbox"/> OTHER (Specify): _____
PULSE			
BLOOD PRESSURE			
RESPIRATION			

BLOOD BANK WORKUP

DATE OF TRANSFUSION: _____

Post-transfusion plasma specimen:

YES

NO

Lab clerical check is correct:

YES

NO

Direct antiglobulin test:

YES

NO

Conclusion:

WHITE = Chart

YELLOW = Blood Banks

DIRECTOR, BLOOD BANK

DATE