

ADVERSE TRANSFUSION
REACTION FORM

ADVERSE TRANSFUSION REACTION FORM

In event of a severe reaction following transfusion of blood or blood products please complete this form and send it to the laboratory with the specimens listed below

Date _____

PATIENT INFORMATION

Patient name: _____ Age _____ Male Female

IP No. _____ Diagnosis _____

Ward _____ Patient's Dr. _____ Pre-transfusion HB _____

Reason for transfusion: _____

Current Medications: _____

Obstetric History N/A Gravid _____ Para _____

Previous Transfusion: Yes No Comment: _____

Previous Reactions: Yes No Comment: _____

REACTION INFORMATION:

Type of reaction

General: Fever Chills/Rigors Flushing Nausea/ Vomiting

Dematological: Urticaria, Other skin rash

Cardiac/Respiratory : Chest pain Dyspnoea Hypotension Tachycardia

Renal: Haemoglobinuria- Dark urine Oliguria Anuria

Haematological: Unexplained bleeding

Others: (Specify) _____

Vital Signs: At Start: BP _____ During (15min) BP _____ At stop: BP _____
T _____ T _____ T _____
P _____ P _____ P _____
R _____ R _____ R _____

COMPONENT INFORMATION

Type of component	Pint No.	Expiry Date	Volume Transfused

Name of Nurse/Doctor _____ Signature _____

Specimens required by the laboratory

1. Specimens required by the laboratory

1. 10mls post transfusion whole blood from patient from plain bottle
2. 2mls of blood in EDTA bottle
3. 10 mls First Void Urine
4. The blood that reacted together with the attached transfusion set
5. All empty blood bags of already transfused unit

LAB INVESTIGATION: (Transfusion manager)

Results

1. Recipient's blood super natunt:
Hemolysis Present *If present* Mild Moderate Marked
 Absent
 Equivocal
2. Recipient's blood
Agglutination Present Absent
3. Haematological results:
WBC _____ HB _____ RBC _____ HCT _____ MCV _____ MCH _____ MCHC _____
PLT _____
Film Rbc: _____
Wbc: _____
Plt: _____
4. Donor blood super natunt
Hemolysis Present Absent
5. Age of donor pack _____
6. Culture donor pack
Results: _____

7. Culture recipient blood
Results: _____

8. Compatibility testing recipient serum (pretransfusion sample) and donor cells (pack)

	Compatible	Incompatible
Saline Rt	<input type="checkbox"/>	<input type="checkbox"/>
Saline 37	<input type="checkbox"/>	<input type="checkbox"/>
AHG	<input type="checkbox"/>	<input type="checkbox"/>
Albumin 37	<input type="checkbox"/>	<input type="checkbox"/>
9. If negative (inconclusive results in 8) set up compatibility with enzyme treated cells
Result _____
10. In case of blood group O transfused to A or B or AB individual:
Establish from the donor unit
Anti A titres _____
Anti B titres _____
11. Urinalysis

12. Evaluation :
Diagnosis

12. Was the adverse reaction related to transfusion onclusive
Laboratory Technologist

Name _____ Sign _____ Date _____
