

Transfusion Reaction Report Form

Patient Information:

Patient Name: _____ Patient MR#: _____

Diagnosis: _____

Blood Bank Wrist Band# _____ Gender: M / F DOB: _____ Age: _____

| Vitals: | | | |
|-----------------------------|----------------|------------|------|
| | Blood Pressure | Heart Rate | Temp |
| Pre-transfusion: | | | |
| Vitals at time of reaction: | | | |

| Signs and Symptoms of Transfusion Reaction (check if present) | | | | | | | |
|---|--------------------------|------------------|--------------------------|----------------------------|--------------------------|-----------------|--------------------------|
| Anxiety | <input type="checkbox"/> | Fever > 1° C | <input type="checkbox"/> | Hypotension | <input type="checkbox"/> | Tachycardia | <input type="checkbox"/> |
| Back pain | <input type="checkbox"/> | Flushing | <input type="checkbox"/> | Pain at IV site | <input type="checkbox"/> | Hives | <input type="checkbox"/> |
| Chest pain | <input type="checkbox"/> | Headache | <input type="checkbox"/> | Nausea/Vomiting | <input type="checkbox"/> | Urticaria | <input type="checkbox"/> |
| Chills/Rigors | <input type="checkbox"/> | Hemoglobinuria | <input type="checkbox"/> | Bleeding at puncture sites | <input type="checkbox"/> | Wheezing | <input type="checkbox"/> |
| Cyanosis | <input type="checkbox"/> | Hemolyzed plasma | <input type="checkbox"/> | Oliguria/anuria | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |
| Dyspnea | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | Diffuse Hemorrhage | <input type="checkbox"/> | | <input type="checkbox"/> |
| O2 Sat | <input type="checkbox"/> | X-Ray | <input type="checkbox"/> | Shock | <input type="checkbox"/> | | <input type="checkbox"/> |

Transfusion Information:

Transfusion Date/Time: ___/___/___; ___:___ a.m./p.m. Elapsed Transfusion Time: ___hr(s)___min

Reaction Date/Time: ___/___/___; ___:___ a.m./p.m. Transfusionist: _____

| Product(s) transfused: | | | | |
|------------------------|-----------|------------|--------------------|----------------|
| Unit Number | Component | Blood Type | Special Attributes | Vol Transfused |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Clerical Checks:

| Blood Bank Clerical Checks on pre/post specimens and unit(s): | | | |
|---|--------------------------|---------------------------|-----------|
| | Pre-transfusion specimen | Post-transfusion specimen | Unit tags |
| Name Match? | | | |
| DOB Match? | | | |
| Medical Record # Match? | | | |
| Wristband Match? | | | |
| Blood Type Compatible? | | | |
| Clerical Checks Satisfactory? | | | |

Blood Bank Type Checks:

| | Blood Type | | | | | | | | | | | Type |
|----------------------------|------------|-----|------|-----|--------|---------|---------|------|-------|---------|-----------|------|
| | α-A | α-B | α-AB | α-D | D ctrl | A cells | B cells | α-DU | DU cc | DU ctrl | D ctrl CC | |
| Pre-transfusion specimen: | | | | | | | | | | | | |
| Post-transfusion specimen: | | | | | | | | | | | | |
| Unit aliquot: | | | | | | | | | | | | |
| Unit segment: | | | | | | | | | | | | |
| Unit aliquot: | | | | | | | | | | | | |
| Unit segment: | | | | | | | | | | | | |

| | Antibody Screen | | | | | DAT | | | | |
|----------------------------|-----------------|----|-----|----|--------|------|-----|----|----|-----|
| | I | II | III | IV | Screen | Poly | IgG | C3 | CC | DAT |
| Pre-transfusion specimen: | | | | | | | | | | |
| Post-transfusion specimen: | | | | | | | | | | |

Specimen Analysis for Hemolytic processes:

| Urinalysis Results | | | | |
|-------------------------|-------------------|-----------------|-------|---------|
| | UA Dipstick Blood | RBC microscopic | Color | Clarity |
| Pre-transfusion urine: | | | | |
| Post-transfusion urine: | | | | |

| Laboratory Results | | | | | |
|--------------------|-----------------|------------------|-------------------|-----------------|------------------|
| | Pre-transfusion | Post-transfusion | | Pre-transfusion | Post-transfusion |
| Hemolysis | | | LDH | | |
| Icterus | | | BUN | | |
| Hgb | | | Creatinine | | |
| WBC | | | ProBNP | | |
| Platelets | | | Blood Culture | | |
| Haptoglobin | | | Unit Culture | | |
| Reticulocytes | | | IV set inspection | | |
| Total Bilirubin | | | Other | | |
| Direct Bilirubin | | | | | |
| Indirect Bilirubin | | | | | |

Interpretation:

Reaction Interpretation by Tech: _____ Tech Initials: _____

Medical Director: _____

| | |
|----------------------------|--|
| Pathologist Review: | |
|----------------------------|--|