

# REPORT OF A SUSPECTED ADVERSE TRANSFUSION REACTION

In the event of a suspected adverse transfusion reaction, please complete this form and return it to your nearest Blood Bank along with:

- All used and unused units
- All giving sets
- Two post-transfusion EDTA samples from the patient

## a) Patient Information (patient hospital label can be placed below)

|                   |   |   |   |   |   |   |   |   |          |  |  |  |  |      |
|-------------------|---|---|---|---|---|---|---|---|----------|--|--|--|--|------|
| Patient's Surname |   |   |   |   |   |   |   |   |          |  |  |  |  |      |
| First Name        |   |   |   |   |   |   |   |   |          |  |  |  |  |      |
| Hospital Number   |   |   |   |   |   |   |   |   |          |  |  |  |  |      |
| Date of Birth     | D | D | M | M | Y | Y | Y | Y | Hospital |  |  |  |  | Ward |

## b) Transfusion Details & Clinical Information

Transfusion commenced at (date & time) \_\_\_\_\_ Reaction observed at (date & time) \_\_\_\_\_

Blood product administered \_\_\_\_\_ Volume administered before reaction noted \_\_\_\_\_

Serial number(s) of suspected unit(s) \_\_\_\_\_ Expiry date of product(s) \_\_\_\_\_

Patient's primary diagnosis \_\_\_\_\_

Indication for transfusion \_\_\_\_\_

Was the patient being treated for any infection at the time of the transfusion? (If **Yes**, please describe) \_\_\_\_\_

To your knowledge, has the patient had previous transfusion reactions? \_\_\_\_\_

## d) Baseline Observations prior to Transfusion

|                                       |     |        |       |
|---------------------------------------|-----|--------|-------|
| Pre-transfusion baseline observations | BP: | Pulse: | Temp: |
|---------------------------------------|-----|--------|-------|

## e) Signs of Adverse Reaction (mark patient's symptoms with 'X')

|                       |  |                               |
|-----------------------|--|-------------------------------|
| Pyrexia               |  | Post-transfusion temperature: |
| Hypotension           |  | Post-transfusion BP reading:  |
| Hypertension          |  | Post-transfusion BP reading:  |
| Tachycardia           |  |                               |
| Shivering             |  |                               |
| Sweating              |  |                               |
| Facial flushing       |  |                               |
| Vomiting or diarrhoea |  |                               |

|                       |  |
|-----------------------|--|
| Itching (pruritis)    |  |
| Skin rash (urticaria) |  |
| Angioedema            |  |
| Bronchospasm          |  |
| Flank pain            |  |
| Haematuria            |  |
| Renal failure         |  |
| Dyspnoea              |  |

Other symptoms or comments: \_\_\_\_\_

## f) Management of Reaction

How was the adverse reaction managed? \_\_\_\_\_

If the patient developed dyspnoea following the start of the transfusion, was a chest x-ray performed? (If **Yes**, please describe the findings) \_\_\_\_\_

Did the patient die as a result of the transfusion? Yes / No / Unsure (circle) If **Yes**, please specify the following:

Date of death \_\_\_\_\_ Probable cause of death \_\_\_\_\_ Was a post-mortem/autopsy performed? Yes / No / Unsure

## Reporting Clinician's Details

Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please contact the WCBS Transfusion Medical Specialist if you would like to discuss this incident: Dr Caroline Hilton | [caroline@wcbs.org.za](mailto:caroline@wcbs.org.za) | (021) 507 6329