Suspected Transfusion Reaction Investigation Form

Technologist (taking call): \_\_\_\_\_\_\_\_\_

Date of Reaction: \_\_\_\_\_\_\_\_\_\_\_ Date/Time Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_

Product Type: \_\_\_\_\_\_\_\_\_

Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if “multiple”, attach LIS printout)

Patient Name:

HID:

DOB

**Clerical Check:** *(Compare post transfusion sample with Transfusion Reaction Notification and Workup Request Form, Computer record, Transfusion Tag/Unit Label, Pre-sample if discrepancy noted)*

□ No Discrepancy □ Discrepancy *(describe)* .

**Product Bag:** □ **Received** □ **Not received** *(reason)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Tubing Attached □ IV fluids attached (type of fluid) .

□ Bag empty OR □ Approximate volume transfused ml

□ Visual Inspection performed *(bag, residual product if applicable, tubing, IV fluids)*:

□ Normal appearance □ Abnormal *(describe)* .

**ABO/RH**

□ **Not Discrepant** w/ Pre-Transfusion ABD

□ **Discrepant** w/ Pre-Transfusion

 ABD: .

**Phase 1 Testing:** *(Post transfusion patient sample)*

Accession No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hemolysis Check:**  □ No hemolysis □ Hemolysis present

**ABO/Rh**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Anti-A** | **Anti-B** | **Anti-D** | **CT** | **A1 Cells** | **B cells** | **Interpretation****Microbiology: □ No □ Yes** □ **Gram Stain Result**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Called by \_\_\_\_\_\_\_\_\_\_ Date/time \_\_\_\_\_\_\_\_\_ Entered into SQ/filed by: \_\_\_\_\_\_\_\_\_\_\_\_□ **Culture Result**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered into SQ/filed by \_\_\_\_\_\_\_  Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   |  |  |  |  |  |  |

**DAT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POST** | **IS** | **5 min** | **CC** | **Interpretation** |
| **POLY** |  |  |  |  |
| **IgG** |  |  |  |  |
| **C3b/C3d** |  |  |  |  |
| **Control** |  |  |  |  |

**Testing performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report phoned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (Nurse) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_**

**Transfusion Medicine Physician Notification:**

**Physician Name:**  **Date/Time Contacted**  .

□ **Patient approved to receive further blood products** *(comments)*  .

□ **Additional Testing Requested** *(tests requested):* .

□ **TRALI Investigation Indicated: (circle one) YES NO To Be Determined**

**Preliminary Diagnosis**: **Additional Instructions**: .

**Final Reaction Classification:** *(To be completed by Transfusion Services Physician)*

□ Acute Hemolytic □ Allergic □ Delayed Hemolytic □ Delayed Serologic □ Febrile non-Hemolytic □ Hypotensive □ Post Transfusion Purpura □ TACO □ TA Dyspnea □ TA-GVHD □ TA Infection □ TRALI □ Underlying Patient Illness/Not related to transfusion □ Unknown Pathophysiology

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Transfusion Services Attending Physician:** *(Signature)*  **Date:**

*(As requested by Transfusion Services Physician)*

**Pre-Transfusion Sample Testing:**

**Pre-transfusion Sample Hemolysis Check:**  □ No hemolysis □ Hemolysis present

**Pre-transfusion Sample ABO/Rh: Pre-transfusion Sample DAT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anti-A** | **Anti-B** | **Anti-D** | **CT** | **A1 Cells** | **B cells** | **Interp.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRE** | **IS** | **5 min** | **CC** | **Interp** |
|  **POLY** |  |  |  |  |
| **IgG** |  |  |  |  |
| **C3b/C3d** |  |  |  |  |
| **Control** |  |  |  |  |

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|   |  |  |  |  |  |  |

**Unit Type Confirmation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anti-A** | **Anti-B** | **Anti-A,B** | **Anti-D** | **Interpretation** |
|   |  |  |  |  |
|  |  |  |  |  |

**Antibody Screen & Crossmatch:**

**Post -transfusion sample Pre-transfusion sample**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRE** | **IS** | **37C** | **AHG** | **CC** | **Interp.** |
|  **SC 1** |  |  |  |  |  |
| **SC 2** |  |  |  |  |  |
| **SC 3** |  |  |  |  |  |
| **Unit #:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POST** | **IS** | **37C** | **AHG** | **CC** | **Interp.** |
|  **SC 1** |  |  |  |  |  |
| **SC 2** |  |  |  |  |  |
| **SC 3** |  |  |  |  |  |
| **Unit #:** |  |  |  |  |  |

**Blood Cultures Ordered:** Patient: □ No

□ Yes: Collected (date/time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Testing/Comments:**

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**Transfusion Medicine Physician Notification:**

**Physician Name:**  **Date/Time Contacted:** .

□ **Additional Testing Requested** *(tests requested):* .

**Preliminary Diagnosis**: .

**Additional Instructions**: .

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□ **Patient approved to receive further blood products:** *(comments)*  .

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**Transfusion Services Attending Physician:** *(Signature)*  **Date:**