



Transfusion Complications Flow Sheet

(Attach Cerner Accession Label Here)

Patient Name: _____
 MRN: _____
 DOB: _____

Co-Path Case #: _____

Tech: _____ Date: _____

1. PRODUCT (circle product): LPC Plasma LAPL CRYO OTHER: _____

a. Record DONOR ID # (DIN #) (sticker if available) : _____

2. CLERICAL CHECK: Yes, all data matches
When different – List discrepancies: _____

3. ATTACHED IV SOLUTION: 0.9%NaCl Other: _____ NONE

4. PATIENT'S PLASMA / SERUM EXAM:

Post Sample 1 = Hemolysis Present: No Yes
(if Yes, request second post sample and confirm with RN there was no difficulty encountered in phlebotomy)

Difficulty in phlebotomy: No Yes

Pre Sample = Hemolysis Present: No Yes

Post Sample 2 = Hemolysis Present: No Yes

Samples taken to Chemistry lab?

Time/Date: _____
(see below Note for criteria)

Note: When visible hemolysis is present **only** in the Post sample(s), send Pre and both Post samples to laboratory for plasma free hemoglobin testing and request post transfusion urinalysis

5. TESTING: Perform ABO-Rh, IAT and DAT on first Post sample using same method of original testing & record in table. Repeat ABORh on donor segment. Perform IS and AHG crossmatch regardless of IAT result (pos or neg). Repeat antigen typing of unit if indicated, record in additional testing area (Section 8 on back).

NOTE: Pre sample testing is only necessary when there is a Type and Screen discrepancy or Post DAT is Positive

SAMPLE	Anti-A	Anti-B	Anti-D	A ₁ Cell	B Cell	ABO Rh Interp	ABY SCR			ABY SCR Interp	DAT IgG/C3'	DAT Interp	XM IS & AHG
							I	II	III				
POST (first)													
Donor #: _____													
PRE (see note)*													

6. TEMPERATURE ELEVATION: **at least 2°C or 3.6°F**, send blood product to Microbiology for Gram Stain/Culture.

Date/Time sample taken to Micro: _____

SEE BACK for ADDITIONAL INSTRUCTIONS



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7. Notify the Blood Bank physician immediately for any of the following:
- a. Fatalities or sentinel events.
 - b. Blood administration errors or significant clerical errors.
 - c. Cases of severe respiratory distress or suspected TRALI.
 - d. Any of the following symptoms:
 - i. Temperature elevation of at least 2°C or 3.6°F
 - ii. Dyspnea / Shortness of Breath
 - iii. Wheezing
 - iv. Hypoxemia
 - v. Hypotension
 - vi. Suspected Hemoglobinuria/hemolysis (Post transfusion urinalysis is required)

Post transfusion urinalysis ordered No Yes
 If No, call ward to order a post transfusion urinalysis

_____ MD notified at _____
 (Blood Bank physician) Date and time / TECH initials

Document Resolution and read back to Blood Bank physician:

_____ Date and time / TECH initials

8. Additional testing Requested by Blood Bank Physician:

Reviewed By: _____
 Management Date/Time