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| **University of Washington,** **Harborview Medical Center****325 9th Ave. Seattle, WA, 98104****Transfusion Services Laboratory****Policies and Procedures Manual** | **Original Effective Date:**April 1st 2011 | **Number:** **5411-5** |
| **Revision Effective Date:**3/1/2014 | **Pages:** **5** |
| TITLE: Transfusion Reaction Investigation |

**Purpose**: To describe the evaluation, testing process, review and reporting of Transfusion Reaction Investigations (TRI)

**Policy:** Any untoward symptom occurring during or subsequent to the transfusion of blood or blood components should be considered a potential part of a life-threatening reaction and must be investigated with the following exceptions:

## Temperature rise (fever) of less than 1oC occurring without any other change in clinical status

* Mild urticarial reaction (hives) occurring without other change in clinical status

**Process:**

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| **Step** | **Action** | **Related Documents**  |
| **Initial Notification** |
| **1** | * Receive call on a possible transfusion reaction.
* Call transferred to technologist or lead technologist.
* The technologist will identify the following:
	+ Whether the transfusion was completed or stopped.
	+ Date and time of reaction
	+ Patient name, HID and location
	+ Name of nurse/clinician reporting the transfusion reaction
	+ Symptoms of suspected reaction
	+ Have any un-transfused products returned immediately.
		- ***Note****: If reaction is associated with hypotension, anaphylaxis, chest pain, flank pain, abdominal pain, pain at the site of infusion, severe respiratory distress or a rise in T ≥ 1***o***C or ≥ 38***o***C, contact Transfusion Services Medical Director or Resident/Covering Physician immediately.*
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| **2** | * + - * Advise the nurse that they must send the following to Transfusion Services:
* Suspected Transfusion Reaction Notification and Workup Request form (STRN&WR)
* Copy of Transfusion tag, if available
* Product bag of transfused unit with attached infusion set/IV tubing and intravenous fluids
	+ If the decision is made to discontinue the transfusion without the possibility of re-starting the component following evaluation.
	+ OR once the transfusion is completed
* Post transfusion sample drawn in pink top EDTA tube
* ***Note****: If symptoms limited to Temperature rise < 1oC without any other change in clinical status or mild urticarial rash, hives, redness or itching/pruritis, document reaction but no serologic investigation required.*
 | * + - * Suspected Transfusion Reaction Notification and Workup Request form
 |
| **Step** | **Action** | **Related Documents** |
| **Receipt and Evaluation** |
| **3** | * + - * Perform computer order entry. Order is always STAT.
 | * + - * Computer Entry of Blood Requests
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| **4** | * + - * Take sample, request form and product bag (if received) to a Clinical Technologist for emergency processing.
 |  |
| **5** | * + - * Hold all in process orders.
			* Further type specific blood products may not be issued without approval from Transfusion Services Medical Director or Resident/Covering Physician (unless symptoms limited to urticaria, rash, flushing, itching/pruritis and/or temperature rise <1oC without any other change in status).

***⮞ Note:*** *The patient may ONLY receive emergency release universal donor RBC & plasma (O RBCs, AB plasma), or group AB, A or B platelets until a hemolytic transfusion reaction has been ruled out.*  | * Emergency Blood Product Release
 |
| **6** | * Evaluate clinical signs and symptoms
 |  |
| **If** | **Then** |  |
| * Symptoms are incomplete or question “back to baseline” is not answered
 | * + - Contact the clinical care staff to obtain further information
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| * Symptoms limited to those of Mild Allergic Reaction, i.e:
* Rash
	+ Urticaria
	+ Flushing
	+ Itching/pruritis
* Temperature rise <1oC
 | * Further blood products may be released without requiring Transfusion Services Medical Director or Resident/Covering Physician approval
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| * Symptoms do **not** suggest a mild allergic or a severe transfusion reaction
 | * Further blood products cannot be released without Transfusion Services Medical Director or Resident/Covering Physician approval
 |  |
| * Symptoms suggest severe transfusion reaction

o Rise in temperature of  >10C or ≥38C  o Back/flank, chest, or  abdominal pain o Pain at infusion site o Hypotension o Respiratory distress* Anaphylaxis
* Gram Stain Positive
 | * Notify Transfusion Services Medical Director or Resident/Covering Physician immediately
* Further blood products cannot be released without Transfusion Services Medical Director or Resident/Covering Physician approval
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| **Step** | **Action** | **Related Documents**  |
| **Phase 1 Testing: Clerical, Hemolysis Check, Serologic, and Culture** |
| **7** | * Perform clerical check of Post-transfusion sample and:
* Transfusion Reaction Notification and Workup Request Form
* Computer record
* Transfusion Tag/Unit Label
* Autologous or Directed Bag Tag, if applicable
* Pre-sample if discrepancy found
* If there is any discrepancy request a redraw and notify the Transfusion Services Medical Director or Resident/Covering Physician
* Result Clerical Check test
* Add Comments if applicable
 | * + Blood Order Processing
 |
| **8** | * + Enter unit number or “multiple” (test UNO).
	+ If the product bag is received, examine the bag, residual product, and attached administration set and IV fluids if submitted
	+ Add Comment test and record results.
	+ If bag is not received, indicate in Comments
	+ **Note:** Store transfusion reaction related unit bags and attachments on the Transfusion Reaction Shelf as soon as possible to preserve condition
 |  |
| **9** | * + - **If Rise in temperature of ≥10C or ≥ 38C**
			* Submit appropriate order and request to Microbiology for unit gram stain and culture when:
				+ No medical director order required
				+ Medical Director requests submission to Microbiology
		- If Gram Stain reported Positive,
			* Call Medical Director immediately.
			* Notify blood supplier.
 | Blood Product Culture form |
| **10** | * + Perform Phase 1 testing on post-transfusion sample
	+ Hemolysis check of post-transfusion specimen
	+ Direct Antiglobulin test (DAT) with Polyspecific AHG
	+ ABO/Rh
 | * + TRI Worksheet
	+ Computer system
 |
| **11** | * If the ABO/Rh matches the pre-transfusion results, and there is no visible hemolysis, and the DAT is Negative
	+ Report to the clinician or nurse: “No evidence of a hemolytic transfusion reaction”
	+ Record phone call on STRN&WR form.
	+ Contact the Transfusion Services Medical Director or Resident/Covering Physician and obtain approval for the patient to receive further/routine blood products
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| **Step** | **Action** | **Related Documents**  |
| **Phase 2 Testing: Evidence of Hemolysis and/or a Positive DAT** |
| **12** | * + - If there is any evidence of hemolysis and/or a positive DAT:
			* Notify the Transfusion Services Medical Director or Resident/Covering Physician immediately:
			* Perform Phase 2/extended testing as directed by the Transfusion Services Medical Director / Resident / Covering Physician.
				+ Pre-transfusion sample hemolysis check
				+ Pre-transfusion sample DAT
				+ Pre/Post transfusion sample eluate
				+ Pre-transfusion sample ABO/Rh
				+ Post-transfusion sample antibody screen/identification
				+ Pre-transfusion sample antibody screen/identification
				+ Pre/Post-transfusion sample compatibility testing (donor retention sample/segment from blood bag)
				+ Blood product culture
				+ PSBC referral

Notify the Transfusion Services Medical Director or Resident/Covering Physician of resultsDetermine if patient approved to receive further blood products  | * + - ABO/Rh by Tube Method
		- Antibody Screen by Tube Method
		- Crossmatch by Tube IAT Method
		- Antibody Panel by LISS IAT
		- DAT by Tube Method
 |
| **TRALI Investigation** |
| **13** | Suspected TRALI--After consultation with Transfusion Medical Director or physician on call:* Search product inventory for other components with the same unit number, and quarantine any that are found.
* Call PSBC to notify them about the unit in question and possible TRALI.
* Consult with medical director or physician on call to order HLA type on recipient.
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| **Notification of Supplier**  |
| **14** | * The collecting facility is notified immediately by the Medical Director when there is a fatality or serious adverse event that may be related to the product or donor of a transfused product.
* The notification must subsequently be done in writing.
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| **Delayed Hemolytic Transfusion Reaction (DLHTX) Investigation**  |
| **15** | * Investigate transfusion history for **all DAT Only orders**
* If patient has been transfused in the last 4 months, the potential for delayed transfusion reaction exists and must be investigated:
	+ Perform parallel DAT on Pre-Transfusion sample, if available.
	+ Perform PEG antibody screen on Post-Transfusion sample.
	+ Perform PEG antibody screen on Pre-Transfusion sample, if Post is POS.
	+ Perform eluate(s) as indicated per SOP.
* Complete ABID worksheet and Eluate Testing Form.
* If the Elution is positive:
* Antigen type the donor unit(s) for the antigen to the antibody eluted, using the retention segment, if available.
* Notify the Medical Director immediately.
 | * DAT by Tube Method
* Antibody Screen by PEG Tube IAT Method
* Eluate Testing Guidelines
* Antibody Elution Using Gamma ELUkit
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| **Investigation Completion** |
| **15****cont** | * + - If Medical Director determines that DLHTX has occurred:
* Order TRRX
* Enter results of investigation.
* Result Interpretation as DLHTX
* Result TXPath once the Path Consult report is finalized..
	+ - Record all conversations, inquiries and observations on the STRN&WR form.
 |  |
| **16** | * + - Route completed STRN&WR form to the CT Lead or TS Manager:
			* Final TRI posted to the patient’s record
			* Final report routed to the patient’s chart
 |  |
| **17** | * + - Result TXRINT with the U.S. Biovigilance designation, based on the medical director’s review.
		- After Medical Director has completed the consult, result TXPath, with the code JDJ.
		- Discard blood bag
 | Table A |

**Table A: U.S. Biovigilance Network Adverse Reactions**

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| **SQ Code** | **Type of Reaction as listed by US Biovigilance Network** |
| **DLHTX** | Delayed hemolytic transfusion reaction |
| **DSTRX** | Delayed serologic transfusion reaction |
| **HYTRX** | Hypotensive transfusion reaction |
| **OTH** | Other |
| **PTPUR** | Post transfusion purpura |
| **TAGVH** | TA-Graft versus host disease |
| **TRALI** | Transfusion related acute lung injury |
| **TRDYN** | Transfusion related dyspnea |
| **TRPUNK** | Unknown pathophysiology |
| **TXALL** | Allergic Reaction |
| **TXCULT** | Transfusion associated infection (bacterial, viral, parasitic, other) |
| **TXFEB** | Febrile non-hemolytic transfusion reaction |
| **TXHEM** | Acute hemolytic transfusion reaction |
| **VOLO** | Transfusion associated circulatory overload |

**References:**

Standards for Blood Banks and Transfusion Services, Current Edition, Bethesda, MD: American Association of Blood Banks.

Roback J (ed). Technical Manual, 16th Edition. AABB Press, Bethesda, MD. 2008.

Popovsky MA (ed). Transfusion Reactions, 3rd Edition. AABB Press, Bethesda, MD. 2007.