

TRANSFUSION REACTION WORKUP

<p>*Do not issue any blood products on the patient until the work-up is complete.*</p> <p> : Not required unless additional testing is needed due to any discrepancies.</p>	<p>Patient Identification Name: _____ SS#: _____</p>
--	---

Step 1: Clerical Checks

Clerical Checks (All fields required)	Received by Lab				
		Date	Time	Tech	<input type="checkbox"/> Bag & IV sets <input type="checkbox"/> Post T/S sample <input type="checkbox"/> BTRF forms <input type="checkbox"/> Unused unit (<input type="checkbox"/> for NA) <input type="checkbox"/> Post Urine sample (Order a Stat Urinalysis w/Microscopic & attach results) (<input type="checkbox"/> for NA)
	Blood Bank Notified				
	Post Specimen Received				
	Medical Director Notified				
	Unit Number	<input type="checkbox"/> RBC <input type="checkbox"/> PLT <input type="checkbox"/> FFP <input type="checkbox"/> CRYO			
	Product Blood Type	Performing Technologist: _____ Reviewing Technologist: _____ Forward to BB Medical Director for final sign off in VBECS.			
	Clerical Check: Patient ID OK? (Y / N) _____ Blood unit label OK? (Y / N / NA) _____ Blood Tag OK? (Y / N / NA) _____ Blood unit BTRF OK? (Y / N / NA) _____ Blood crossmatch compatible? (Y / N / NA) _____ If a discrepancy / error is found, explain _____ _____ _____ ALERT BB MEDICAL DIRECTOR ASAP WITH DISCREPANCIES.				
	Visual Inspection: Appearance of unit(s): <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Pre-reaction tube: <input type="checkbox"/> No Hemolysis <input type="checkbox"/> Hemolysis <input type="checkbox"/> Icteric Post-reaction tube: <input type="checkbox"/> No Hemolysis <input type="checkbox"/> Hemolysis <input type="checkbox"/> Icteric Post-reaction urine: color- _____ supernatant color (if urine is pink or red) 				

Step 2: Serologic Testing

Serologic Testing (* required)	DAT					Antibody Screen					
	*Order a reflex DAT test on the T/S sample for computer entry										
	*Patient Post	Poly	5'RT	CC	Intrep.		*Patient Post	Patient Pre	Redrawn Post		
		IgG	CC	Intrep.		Gel	Interp	Gel	Interp	Gel	Interp
		C3b,d	5'RT	CC	Intrep.	SC I					
	Patient Pre	Poly	5'RT	CC	Intrep.	SC II					
	(if post DAT is positive)	IgG	CC	Intrep.		SC III					
		C3b,d	5'RT	CC	Intrep.	Instrument ID # _____ (attached printed results)					
	ABO/Rh					Antibody Identification: _____					
		-A	-B	-D	Dctl	A1 cells	B cells	Interp			
*Patient Post								Instrument ID # _____ (attached printed results)			
Patient Pre								Crossmatch			
Redrawn Patient Post								IS	Gel	Interp.	
Unit #											
Unit #											

: Not required unless additional testing is needed due to any discrepancies.