

APPENDIX 4: Suspected Acute Transfusion Reaction - report form

Suspected Acute Transfusion Reactions (ATR)



Hospital number:
 Name: **affix**
 Address: **addressograph**
 NHS No: **here**
 Date of birth:

Reporters name: Ward:
 First Onset of symptoms: Date:.... /.... /.... Time:
 Blood Component Pack details: G0
 Component type:..... DATIX no:

Immediate Management

STOP THE TRANSFUSION • ABCDE assess • Seek urgent medical help

Check: 'Right patient, Right blood'. Confirm patient identity with patient, Check patient ID band and Check component compatibility label

Inspect: the component bag for abnormal appearance (clumps, particles or discolouration) Inspect IV cannula site for signs of infection

Monitor: patients' vital signs at regular intervals.

Inform: the Transfusion Laboratory: Ext 4320 / 4329

Suspect		Record symptoms		Treatment
Anaphylaxis <input type="checkbox"/> Severe allergy <input type="checkbox"/>	What are the Signs and Symptoms? <i>(Please tick)</i>	<ul style="list-style-type: none"> • Wheeze <input type="checkbox"/> • Swelling <input type="checkbox"/> • Pain <input type="checkbox"/> • Hypotension <input type="checkbox"/> • Collapse <input type="checkbox"/> 		Anaphylaxis guidelines Give IM adrenaline Consider <ul style="list-style-type: none"> • Chlorphenamine • Hydrocortisone • Salbutamol
ABO incompatibility or sepsis (infection) <input type="checkbox"/>		<ul style="list-style-type: none"> • Fevers <input type="checkbox"/> • Rigors <input type="checkbox"/> • Tachycardia <input type="checkbox"/> • Hypotension <input type="checkbox"/> • Anxiety <input type="checkbox"/> • Pain <input type="checkbox"/> • Breathlessness <input type="checkbox"/> 		IV saline Sepsis pathway (if sepsis) IV antibiotics
TACO or <input type="checkbox"/> TRALI <input type="checkbox"/>		<ul style="list-style-type: none"> • Acute breathlessness <input type="checkbox"/> • Hypoxia <input type="checkbox"/> 		Furosemide (if TACO)

Initial investigations	Please report all moderate or severe reactions to the laboratory
<ul style="list-style-type: none"> • FBC,U&E, LFT and clotting screen, Serum Tryptase (immediate, 3hrs and 24hrs) • Repeat G&S and cross match • Blood cultures (bacterial contamination) • First urine sample (haemoglobin) • A CXR if breathlessness present may be required 	<ul style="list-style-type: none"> • Return blood component to laboratory • Complete incident/report form and return to lab • Complete DATIX Transfusion laboratory: Ext 4320/4329 Contact on-call Haematologist via switchboard if severe or life threatening.