TRANSFUSION REACTION INVESTIGATION

KENTUCKY BLOOD CENTER
3121 Beaumont Centre Circle
Lexington, Kentucky
(859) 276-2534

INSTRUCTIONS
Please complete ALL sections of this form (front and back)

- ☐ When a transfusion reaction is suspected, stop the transfusion immediately but keep the line open with saline.
- ☐ Immediately (at bedside) document the clerical recheck between the patient and component. Examine the labels on the blood containers and patient records to detect any errors in identification of the patient, blood or blood component. Document below in *Section I. Clerical Check*.
- ☐ Notify and contact the treating physician or authorized medical professional immediately for instructions on patient care.
- ☐ Notify the Kentucky Blood Center Reference Lab by calling 859-519-3816. (After hours: 859-519-3775) Signs and symptoms suggesting mild allergic reactions (e.g. urticaria) need not be reported.
- ☐ Collect post-transfusion specimens: 10mL anticoagulated (EDTA) and 20mL fresh clotted blood OR 24mL anticoagulated (EDTA) labeled with the patient's name, ID#, date and time of draw and phlebotomist ID. A KBC-144 Reference Laboratory Request Form will need to be completed and the information must match the patient tubes and this form.

  These specimens will be used for crossmatches, if necessary, and MUST meet these requirements.
- ☐ Send the following to the Kentucky Blood Center Attn: Reference Laboratory
  - This form with ALL sections completed and accurate.
  - KBC-144 Reference Laboratory Request Form - indicating a transfusion reaction investigation and any new crossmatches required.
  - Post-transfusion specimen that is correctly labeled with information that matches the KBC-144 and this form.
  - Remaining blood bag (even if empty) and attached transfusion set and intravenous solutions, needles removed, and all tags attached. Close all lines to avoid leaking and contamination.
  - A copy of the completed KBC-102 (Compatibility Testing and Transfusion Record) for the implicated unit
  - Patient's next voided urine specimen (if applicable)
  - A copy of your facility's Transfusion Reaction Summary Report (if applicable)
  - Any other additional clinical or laboratory information/reports
- ☐ Submit the report by courier or fax to 859-514-0128

Signs and Symptoms

▪ Fever, generally defined as ≥1ºC rise in temperature above 37ºC	▪ Hyper- or hypotension	▪ Skin manifestations, including urticaria, rash, flushing, pruritus and localized edema
▪ Respiratory distress, including wheezing, coughing and dyspnea	▪ Oliguria/anuria	▪ Abdominal, chest, flank or back pain or pain at the infusion site
▪ Abnormal bleeding	▪ Chills with or without rigors	
	▪ Jaundice or hemoglobinuria	
	▪ Nausea/vomiting	

I. CLERICAL CHECK

Clerical Check: When the transfusion is discontinued, immediately perform a clerical check. Was the clerical check performed and acceptable? ☐Yes ☐No If No, explain: _____	Completed by (date and initial): _____

II. FACILITY AND PATIENT DETAILS

Reporting Facility:	Date/Time Reported to KBC:
Physician/Authorized Health Professional:	Date/Time notified: Contact Number (phone/pager):
Patient Name (last, first):	Patient Date of Birth:
Patient ID:	Gender: ☐ Male ☐ Female ☐_____
Primary Diagnosis(es):	

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III. IMPLICATED BLOOD PRODUCTS

Unit number:	Component Code:
Volume Transfused:	Expiration Date:
Date/Time Transfusion Started:	Date/Time Transfusion Stopped:

IV. SIGNS AND SYMPTOMS (CHECK ✓)

☐ Urticaria ☐ Chills ☐ Nausea ☐ Shock ☐ Back Pain
☐ Fever ☐ Dyspnea ☐ Vomiting ☐ Hematuria ☐ Chest Pain

☐ Other _____

Pre-Transfusion Vitals		*Post-Transfusion Vitals*	
Temperature:		Temperature:	
Blood Pressure:		Blood Pressure:	
Pulse:		Pulse:	
Respirations:		Respirations:	

ADDITIONAL INFORMATION

Was any serological testing performed by reporting facility? ☐Yes ☐No *If yes, please attach summary of results*

Was post reaction urine specimen testing performed at reporting facility? ☐Yes ☐No *If yes, please attach summary of results*

Additional Comments:

Form Completed by:	Date Completed:

KBC USE ONLY

Technologist Initials/Date:

Implicated Unit Information

Unit Number:

Product Code:	Expiration:
Labeled Blood Type:	Recipient Set Attached: ☐YES ☐NO

Signs of Hemolysis (✓ *appearance*)

	Normal	Icteric	Hemolyzed
Returned Blood Bag			
Pre-Transfusion Specimen			
Post-Transfusion Specimen			

Clerical Check
Pre-transfusion specimen and paperwork, blood bag, container labels, all compatibility testing and transfusion record have been reviewed and are acceptable?
☐YES ☐NO

Send Out Testing

☐Blood Bag for Culture	☐Post Reaction Urine for urinalysis	☐Other_____
Reviewed by:	Date:	☐OK ☐NOT OK