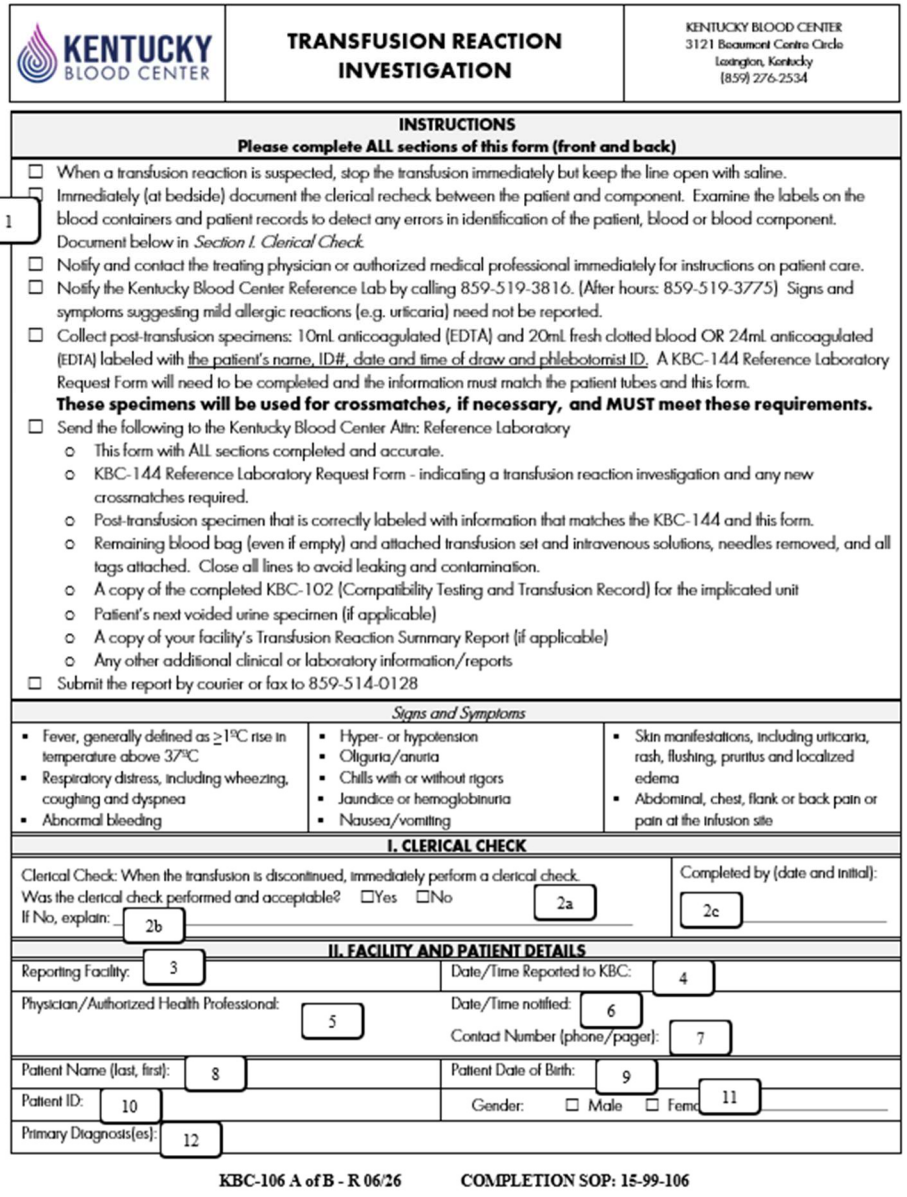
Transfusion Reaction Investigation KBC-106 version 06/26 User's Guide



KENTUCKY BLOOD CENTER

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)

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- ☐ 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 ≥1°C rise in temperature above 37°C	▪ 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 2a
If No, explain: 2b

Completed by (date and initial): 2c

II. FACILITY AND PATIENT DETAILS

Reporting Facility: 3
Date/Time Reported to KBC: 4
Physician/Authorized Health Professional: 5
Date/Time notified: 6
Contact Number (phone/pager): 7
Patient Name (last, first): 8
Patient Date of Birth: 9
Patient ID: 10
Gender: ☐ Male ☐ Fema 11
Primary Diagnosis(es): 12

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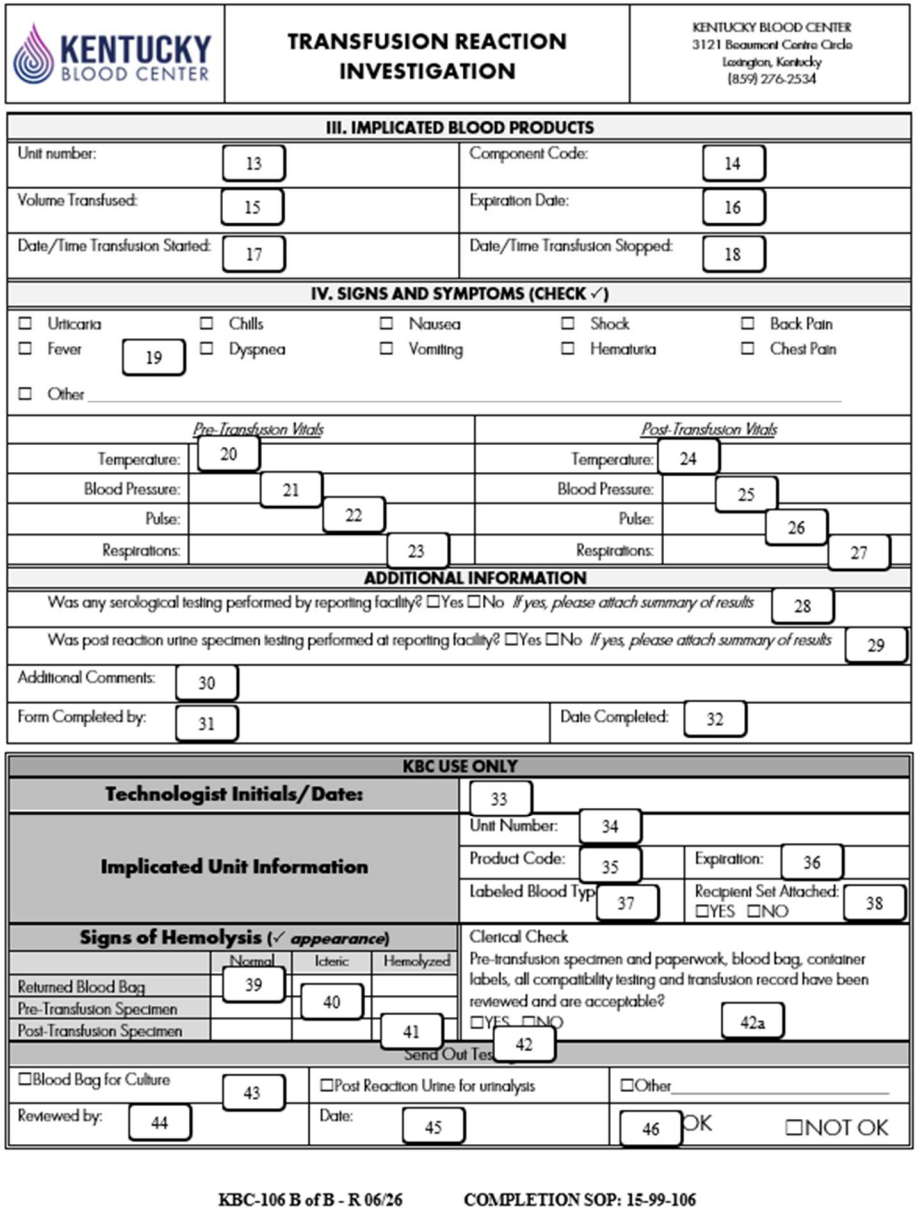
To be completed by Transfusion Facility (Front)

1. Follow the instructions and complete the checklist to be sure all necessary steps are performed.
2. Perform the Clerical Check.
   a. Check (✓) YES or NO indicating clerical check between the patient and component. The labels on the blood containers and patient records should be examined to detect any errors in patient, blood or blood component identification.
   b. If NO is checked, document the discrepancies discovered.
   c. Date and initial of the staff member completing the clerical check.
3. Document the name of facility reporting the transfusion reaction.
4. Document the date and time the transfusion reaction was reported to KBC.
5. Document the attending physician (or physician calling transfusion reaction).
6. Document the date and time the physician was notified of reaction.
7. Document the physician contact number (can be phone or pager number)
8. Document the patient's name (last, first, middle initial optional).
9. Document the patient's date of birth.
10. Document the patient's identification number.
11. Check (✓) patient's gender – Male, Female or write in gender.
12. List the patient's primary diagnosis(es).

To be completed by Transfusion Facility (Back)

13. Document the unit number of the blood product implicated in the transfusion reaction.
14. Document the component code of the blood product implicated in the transfusion reaction.
15. Document the volume transfused.
16. Document the expiration date of the blood product implicated in the transfusion reaction.
17. Document the date and time the transfusion started.
18. Document the date and time the transfusion stopped.
19. Check (✓) type of symptoms noted during reaction and document on the Other line, if applicable.
20. Record patient's pre-transfusion temperature.
21. Record patient's pre-transfusion blood pressure.
22. Record patient's pre-transfusion pulse.
23. Record patient's pre-transfusion respirations.
24. Record patient's post-transfusion temperature.
25. Record patient's post-transfusion blood pressure.
26. Record patient's post-transfusion pulse.
27. Record patient's post-transfusion respirations.
28. Check (✓) YES or NO if the serological workup was performed at the reporting facility.
29. Check (✓) YES or NO if a post reaction urinalysis was performed at the reporting facility.
30. Document any additional comments.
31. Name of the staff member completing the form.
32. Date the form was completed.



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III. IMPLICATED BLOOD PRODUCTS

Unit number:	13	Component Code:	14
Volume Transfused:	15	Expiration Date:	16
Date/Time Transfusion Started:	17	Date/Time Transfusion Stopped:	18

IV. SIGNS AND SYMPTOMS (CHECK ✓)

☐ Urticaria ☐ Chills ☐ Nausea ☐ Shock ☐ Back Pain
☐ Fever 19 ☐ Dyspnea ☐ Vomiting ☐ Hematuria ☐ Chest Pain
☐ Other _____

Pre-Transfusion Vitals		*Post-Transfusion Vitals*	
Temperature:	20	Temperature:	24
Blood Pressure:	21	Blood Pressure:	25
Pulse:	22	Pulse:	26
Respirations:	23	Respirations:	27

ADDITIONAL INFORMATION

Was any serological testing performed by reporting facility? ☐Yes ☐No *If yes, please attach summary of results* 28

Was post reaction urine specimen testing performed at reporting facility? ☐Yes ☐No *If yes, please attach summary of results* 29

Additional Comments: 30

Form Completed by: 31 Date Completed: 32

KBC USE ONLY

Technologist Initials/Date: 33

Implicated Unit Information
Unit Number: 34
Product Code: 35 Expiration: 36
Labeled Blood Typ 37 Recipient Set Attached: ☐YES ☐NO 38

Signs of Hemolysis (✓ *appearance*)

	Normal	Icteric	Hemolyzed
Returned Blood Bag	39		
Pre-Transfusion Specimen		40	
Post-Transfusion Specimen			41

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 42a

Send Out Tes 42

☐Blood Bag for Culture 43 ☐Post Reaction Urine for urinalysis ☐Other_____

Reviewed by: 44 Date: 45 46 OK ☐NOT OK

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