

BLOOD TRANSFUSION REACTION INVESTIGATION

I. INITIAL NOTIFICATION: PHYSICIAN NOTIFIED: _____ DATE/TIME: _____ / _____

TRANSFUSION SERVICE NOTIFIED: _____ DATE/TIME: _____ / _____

PATIENT'S NAME: FMP / FULL SSN: PRIMARY DIAGNOSIS:	MTF / Unit / Clinic Identification
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- Upon detection of a possible transfusion reaction, the transfusionist will take the following actions:
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| <ol style="list-style-type: none"> 1. Stop transfusion immediately and keep IV line open with normal saline. 2. Check patient identification against blood unit compatibility tag and SF 518 / transfusion record form; report and document any identification error. 3. Notify Physician AND 4. Notify Transfusion Service. 5. Follow Transfusion Reaction Procedures. | <ol style="list-style-type: none"> 6. Collect post-transfusion specimens from transfused patient, avoiding hemolysis. Label completely. <ol style="list-style-type: none"> a. Lavender top tube (EDTA anticoagulant) b. Red top tube (plain, no anticoagulant) c. Pink top tube if required by local protocol (EDTA anticoagulant) 7. Collect first post-transfusion urine specimen (as available). 8. Complete transfusion documentation (SF 518 Section III). 9. Complete Section I and II 10. Send completed forms, blood bag, administration set, filter, I V fluids and specimens to the Transfusion Service STAT |
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II. TRANSFUSIONIST INVESTIGATION (Transfusionist will complete the steps below.)

1. Clerical Check (Annotate patient identification from ID bracelet or other physically attached identification.)
 Name: _____ FMP / Full SSN: _____

2. Blood Product / Unit Number <small>Amount transfused noted on SF 518</small>	Medication Allergies: _____ Infusion Pump Used? _____ Blood Warmer Used? _____ Multilumen Catheter Used? _____ IV Solution Used (specify) _____ Manufacturer and Lot # of IV Solution: _____
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3. Signs / Symptoms Observed

<input type="checkbox"/> Hives	<input type="checkbox"/> Itching	<input type="checkbox"/> Flushing	<input type="checkbox"/> Fever	<input type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Headache	<input type="checkbox"/> Hemoglobinuria
<input type="checkbox"/> Change in Blood Pressure (See SF518 for additional information)	<input type="checkbox"/> Change in Pulse	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Pain (specify) _____ (i.e. IV site, flank)	<input type="checkbox"/> Bleeding / Oozing from IV Site / Surgical Wound						

Transfusionist Signature: _____ Date: _____

III. LABORATORY INVESTIGATION Pathologist / Medical Director initial notification of suspected reaction:
 Complete steps 1 - 5 below. Name: _____ Date / Time: _____ / _____

NOTE: If possible, technician performing investigation should be different than the person who performed pre-transfusion testing

1. Clerical review for discrepancies (pre/post-transfusion specimen labels, donor unit label, SF 518/transfusion record form, and compatibility tag). Check unit and IV tubing for any abnormalities. Refer to local operating instructions.

No clerical errors found Clerical errors found (Notify Medical Director with findings)

Per Local Operating Instructions	Pre-Transfusion Sample	Post-Transfusion Sample	Donor Unit
2. Check for hemolysis			
3. DAT interpretation:			
4. ABO / Rh interpretation:			
5. Urine occult blood: <small>(As available or by catheterization)</small>			

Technician Comments: Proceed with any additional testing as directed by the Medical Director or Local Operating Procedure. Record results of testing on the back of the form.

Technician's Signature: _____ Pathologist / Provider Notified of Results: _____	Date / Time _____ / _____ Date / Time _____ / _____	Technician's Initial: _____
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IV. EXTENDED LABORATORY INVESTIGATION *(As directed by pathologist or operating instruction.)*

As needed, the Air Force Transfusion Medicine Consultant is available for guidance on additional testing / results review.

	Pre-Transfusion Sample	Post-Transfusion Sample
1. Antibody Screen Interpretation		
2. Crossmatch Interpretation:		
	Results	Technician
3. Gram Stain <i>(transfused unit)</i>		
4. Blood Culture: Donor Unit		
5. Blood Culture: Patient		
6. Biliubin / Haptoglobin	Biliubin	Haptoglobin
a. Pre-Transfusion		
b. Post-Transfusion		
7. Other:		

Technician Comments:

Technician Signature: _____

Date: _____

V. EVALUATION BY PATHOLOGIST / MEDICAL DIRECTOR

Pathologist / Medical Director Conclusion / Comments:

PENDING TESTING / CONSULTS ORDERED (SPECIFY) :

Pathologist / Medical Director Signature: _____

Date: _____

Coordination: Laboratory Officer / Designee Signature: _____

Date: _____

DISTRIBUTION:

1. Original - Medical Record of Blood Bank Patient file when SF 513, Consultation Sheet is used to document evaluation.
2. Copy - Laboratory Files