



ADVERSE REACTION TO BLOOD/BLOOD PRODUCTS REPORT Form #1435 Rev. 04/12/10

Page 1 of 1 Area Reporting:

Chillis	All Reactions to any Blood Produc			·			
Date of Transfusion:		UNIT(S) ASSOCIATED \					
Time Transfusion Started: Time Transfusion Stopped: Blood Warmer Used: Yes No							
Entire Unit Given: Yes No Approximate Volume Transfused: NURSING PROTOCOL PRE-TRANSFUSION VS. (send a copy of form 3050 when complete) Timerp: BP: Pulse: Resp Rate: Temp: BP: Pulse: Resp Rate: CHECK ALL THOSE THAT APPLY: Other: Developing Paliure to clot Petechiae							
NURSING PROTOCOL Time: BP: Pulse: Resp Rate: Temp: BP: Pul	Time Transfusion Started:	Time Transfusion S	Time Transfusion Stopped:		Blood Warmer Used: Yes No		
PRE-TRANSFUSION VS. (send a copy of form 3650 when complete) Temp: BP	Entire Unit Given: Yes N	o Approximate Volun	ne Transfuse	d;	(*************************************		
Temp: BP: Pulse: Resp Rate: Temp: BP: Pulse: Resp Rate: CHECK ALL THOSE THAT APPLY: Other: CHECK ALL THOSE THAT APPLY: Other: CHIVER (United) Elevated Temp: 2ºººº Pala ilocation: Decreased Urine Output Anaphylax Itahing Decreased Urine Output Anaphylax Decreased Urine Output Describes Petechiae Describes Describes Petechiae Describes Petechiae Describes Petechiae Describes Petechiae Describes Petechiae Petechiae Describes Petechiae Petechiae Describes Petechiae Petechia		NURSING				***************************************	
CHECK ALL THOSE THAT APPLY: □ Other: □ Hives (Urlicaria) □ Elevated Temp≥1°C □ Pain location: □ Itching □ Muscle Aching □ Pain location: □ Chills □ Jaundice □ Dark or Red Urine (send for urinalysis) □ Petechiae □ Hypotension □ Petechiae □ Dysprea □ Shock □ Transfusion stopped □ Time: □ Patient identification checked on Blood Bank tag, patient arm band and paperwork: □ Accurate □ Inaccurate, specify the inaccuracy & notify Blood Bank immediately. □ Notified Physician/designee at □ and Blood Bank at [time] FOR ALL REACTONS FAX A COPY OF THE COMPLETED TRANSFUSION RECORD (form 3050) TO THE BLOOD BANK AT THE FOR ALL REACTONS FAX A COPY OF THE COMPLETED TRANSFUSION RECORD (form 3050) TO THE BLOOD BANK AT THE FOR Hives or Itching to RBC'S, FFP, Crvo, platelets (Allergic Reaction) □ Per Physician/designee order, transfusion fesountined. □ Per Physician/designee order, transfusion resumed. □ Per Physician/designee order, transfusion discontinued. Send entire blood bag (capped for sterile conditions) to the Blood Bank. For Febrile reactions to RBC's and all other acute reactions to blood products: □ Immediate post-transfusion Anti-Coagulated EDTA (PINK) blood specimen sent STAT (for RBC transfusion) □ Entiric Blood Transfusion Intli sent (capped for sterile conditions) to the Blood Bank. For Febrile reactions to RBC's and all other acute reactions to blood products: □ Immediate post-transfusion Anti-Coagulated EDTA (PINK) blood specimen sent STAT (for RBC transfusion) □ Entiric Blood Transfusion Intli sent (capped for sterile conditions) to Blood Bank when transfusion is discontinued. HISTORY: Any previous Transfusions? □ Yes □ No Pregnancy Hx: □ Previous Reactions? □ No □ Yes □ Describe: □ Antilistamines, Antibyretics or Steroids given prior to transfusion? □ No □ Yes Specify: □ Lasix: □ Yes □ No SignAtrure □ Bag not returned □ PRE POST □ Hemolysis is noted or DAT is Positive, Post-Transfusion, the Physician caring for the patient must be onlined immediately; Contact Pathologist, then proceed to extended work up.		orm 3050 when complete)	TIME REA	CTION NOTED),	-	
Elevated Temp ≥1°C Pain location:			Temp:	BP:	Pulse:	Resp Rate:	
For Hives or Itching to RBC'S, FFP, Cryo, platelets (Allergic Reaction) Per Physician/designee order, transfusion resumed. Per Physician/designee order, transfusion fesonttinued. Per Physician/designee order, transfusion fesonttinued. Per Physician/designee order, transfusion fesonttinued. Per Physician/designee order, transfusion fesonttinued. Send entire blood bag (capped for sterile conditions) to the Blood Bank. For Febrile reactions to RBC's and all other acute reactions to blood products: Immediate post-transfusion Anti-Coagulated EDTA (PINK) blood specimen sent STAT (for RBC transfusion) Entire Blood Transfusion Unit sent (capped for sterile conditions) to Blood Bank when transfusion is discontinued. HISTORY: Any previous Transfusions? Yes No Pregnancy Hx: Previous Reactions? NoI Yes Describe: Antihistamines, Antipyretics or Steroids given prior to transfusion? No Yes Specify: Lasix: Yes No SIGNATURE R N Check all specimens and bag for proper identification. Accurate Bag not returned PRE POST Post Plasma Color (visual check) PRE POST Post Plasma Color (visual check) PRE POST Transfusion, the Physician caring for the patient must be notified immediately. Contact Pathologist, then proceed to do extended work up. ABORATORY TECHNICIAN SIGNATURE/DATE: DAT result called to at by LABORATORY TECHNICIAN SIGNATURE/DATE: CONCLUSION/ RECOMMENDATIONS: Allergic Reaction Febrile Nonhemolytic Reaction Hemolytic Reaction H	☐ Hives (Urticaria) ☐ Elevated Ter ☐ Itching ☐ Muscle Achir ☐ Jaundice FOR ALL REACTIONS: (Check boxes ☐ Transfusion stopped ☐ Time: ☐ Patient identification checked on Bloc ☐ Accurate ☐ Inaccurate, spec ☐ Notified Physician/designee at (time terms of the control of	mp ≥1°C ☐ Pain location: g ☐ Failure to clo ☐ Dark or Red U to indicate actions take d Bank tag, patient arm bacify the inaccuracy & notify and Blood Bank at	ot Irine (send for un n.) and and paper Blood Bank in (time	☐ Pei inalysis) ☐ Hy work: nmediately	techiae potension	□ Dyspnéa □Shock	
□ Per Physician/designee order, transfusion resumed. □ Per Physician/designee order, transfusion discontinued. For Febrile reaction to platelets, FFP or Cryo that is less than 2°C: □ Per Physician/designee order, transfusion resumed. □ Per Physician/designee order, transfusion resumed. □ Per Physician/designee order, transfusion discontinued. Send entire blood bag (capped for sterile conditions) to the Blood Bank. For Febrile reactions to RBC's and all other acute reactions to blood products: □ Immediate post-transfusion Anti-Coagulated EDTA (PINK) blood specimen sent STAT (for RBC transfusion) □ Entire Blood Transfusion Unit sent (capped for sterile conditions) to Blood Bank when transfusion is discontinued. HISTORY: Any previous Transfusions? □ Yes □ No Pregnancy Hx: □ Previous Reactions? □ No □ Yes □ Describe: □ Antihistamines, Antipyretics or Steroids given prior to transfusion? □ No □ Yes □ Specify: □ Lasix: □ Yes □ No □ SIGNATURE □ RN □	END OF THE TRANSFUSION			ORD (form 30	60) TO THE BLOOD	BANK AT THE	
Previous Reactions?	☐ Per Physician/designee order, transfu ☐ Per Physician/designee order, transfus For Febrile reaction to platelets, FFP ☐ Per Physician/designee order, transfus ☐ Per Physician/designee order, transfus For Febrile reactions to RBC's and all ☐ Immediate post-transfusion Anti-Coag ☐ Entire Blood Transfusion Unit sent (ca	sion resumed. sion discontinued. or Cryo that is less than sion resumed. sion discontinued. Send er other acute reactions to ulated EDTA (PINK) blood pped for sterile conditions)	2°C: ntire blood bag blood produ I specimen se to Blood Ban	g (capped for s lets: nt STAT (for F k when transfu	CANNOT BE RESTEMPERATURE RITERITED IN COMMERCE (COMMERCE CONTINUED IN COMMERCE COMME	TARTED IF >2°C SE the Blood Bank.	
LABORATORY INVESTIGATION CHECK IF NOT INDICATED Allergic Itching) Check all specimens and bag for proper identification. Accurate Inaccurate Bag not returned PRE POST Plasma Color (visual check) PRE POST Transfusion, the Physician caring for the patient must be notified immediately. Contact Pathologist, then proceed to do extended work up. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. CONCLUSION/ RECOMMENDATIONS: Allergic Reaction Febrile Nonhemolytic Reaction Hemolytic Reaction Hemolytic Reaction Other:	Previous Reactions? No Ye Antihistamines, Antipyretics or Steroids g Lasix: Yes No	s Describe:iven prior to transfusion?					
Check all specimens and bag for proper identification. Accurate Inaccurate Bag not returned PRE POST Plasma Color (visual check) PRE POST DAT on patient sample ABO/Rh test result If Hemolysis is noted or DAT is Positive, Post-Transfusion, the Physician caring for the patient must be notified immediately. Contact Pathologist, then proceed to do extended work up. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. If Hemolysis is present, repeat venipuncture to rule out mechanical hemolysis. DAT result called to			01/ IP NOT 141	5100		ALCOHOLOGO .	
Unit cultured, see separate report. DAT result called to	□ Check all specimens and bag for prop □ Accurate □ Inaccurate □ Bag not PRE Plasma Color (visual check) DAT on patient sample ABO/Rh test result	er identification. returned POST	If Hemol Transfus notified i do exten	ysis is noted ion, the Phys mmediately. ded work up.	or DAT is Positive ician caring for the Contact Pathologis	e, Post- patient must be st, then proceed to	
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CONCLUSION/ RECOMMENDATIONS: Allergic Reaction Other:	LABORATORY TECHNICIAN SIGNATU	IRE/DATE:			Ny		
	CONCLUSION/ RECOMMENDATION Other:	NS: □ Allergic Reaction	☐ Febr	ile Nonhemoly	tic Reaction 🛮 Hem	olytic Reaction	
PATHOLOGIST'S SIGNATURE: Send original form to Blood Bank for Pathologist review Date:							