

**Guidance for the recognition and management of a suspected Acute Transfusion Reaction (Part 1)**

Patient addressograph label

Date:

Time:

Symptoms / Signs	Mild	Moderate	Severe
Temperature =	Temperature of $\geq 38^{\circ}\text{C}$ <b>AND</b> rise of $1-2^{\circ}\text{C}$ from baseline temperature <input type="checkbox"/> tick if applicable	Temperature of $\geq 39^{\circ}\text{C}$ <b>OR</b> a rise of $\geq 2^{\circ}\text{C}$ from baseline temperature <input type="checkbox"/> tick if applicable	Sustained febrile symptoms or any new, unexplained pyrexia <b>in addition</b> to clinical signs <input type="checkbox"/> tick if applicable
Rigors/shaking Yes / No	None <input type="checkbox"/> tick if applicable	Mild chills <input type="checkbox"/> tick if applicable	Obvious shaking/rigors <input type="checkbox"/> tick if applicable
Pulse =	Minimal or no change from baseline <input type="checkbox"/> tick if applicable	Rise in heart rate from baseline of 10 bpm or more NOT associated with bleeding <input type="checkbox"/> tick if applicable	Rise in heart rate from baseline of 20 bpm or more NOT associated with bleeding <input type="checkbox"/> tick if applicable
Respirations =	Minimal or no change from baseline <input type="checkbox"/> tick if applicable	Rise in respiratory rate from baseline of 10 or more <input type="checkbox"/> tick if applicable	Rise in respiratory rate from baseline of 10 or more accompanied by dyspnoea/wheeze <input type="checkbox"/> tick if applicable
Blood Pressure (Hypo/hypertension) =	Minor or no change to systolic or diastolic pressure <input type="checkbox"/> tick if applicable	Change in systolic or diastolic pressure of $>10$ and $<30$ mm/Hg NOT associated with bleeding <input type="checkbox"/> tick if applicable	Change in systolic or diastolic pressure of $\geq 30$ mm/Hg NOT associated with bleeding <input type="checkbox"/> tick if applicable
Acute dyspnoea / hypertension Yes / No	None	None	<b>Consider TAD, TACO, TRALI</b> <input type="checkbox"/> tick if applicable
Skin Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> =	No change <input type="checkbox"/> tick if applicable	Facial flushing, rash Urticaria, pruritis <input type="checkbox"/> tick if applicable	Rash, urticaria <b>and</b> Peri-orbital oedema Conjunctivitis <input type="checkbox"/> tick if applicable
Pain) Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> =	None <input type="checkbox"/> tick if applicable	General discomfort or myalgia Pain at drip site <input type="checkbox"/> tick if applicable	Acute pain in chest, abdomen, back <input type="checkbox"/> tick if applicable

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Urine (Green/ Red) = =	Clear Normal output <input type="checkbox"/> tick if applicable		Haematuria / haemoglobinuria Oliguria, Anuria <input type="checkbox"/> tick if applicable
Bleeding (Green/ Red) = =	No new bleeding <input type="checkbox"/> tick if applicable		Uncontrolled oozing <input type="checkbox"/> tick if applicable
Nausea (Green/ Red) = =	None <input type="checkbox"/> tick if applicable		Nausea or vomiting <input type="checkbox"/> tick if applicable
Appropriate Volume Rate of transfusion =        mls /        hr	None <input type="checkbox"/> tick if applicable		<b>Consider Transfusion Associated Circulatory Overload (TACO)</b> <input type="checkbox"/> tick if applicable

All Green <input type="checkbox"/>  <b>MILD</b>	<p><b><u>ACTION:</u>STOP the transfusion but leave connected.</b> Re-check identity of the unit with the patient, inform doctor. If all well, continue at reduced rate <b>for the next 30 minutes and then</b> resume at prescribed rate. Continue to monitor the patient carefully and be alert for other symptoms or signs of a transfusion reaction. Anti-pyretic may be required.</p> <p>Inform Blood Transfusion Lab Extn 4022</p> <p>NOTE: In all cases where a transfusion reaction is suspected and the transfusion is stopped and disconnected, the implicated unit, complete with giving set, must be returned to the laboratory for further investigation</p> <p><b>Complete and return this form to Transfusion</b></p>
1 or more Amber <input type="checkbox"/>  <b>MODERATE</b>	<p><b><u>ACTION:</u>STOP the transfusion but leave connected,</b> request urgent clinical review, re-check identity of the unit with the patient, give IV fluids. If symptoms stable or improving over next 15 minutes consider restarting the unit. Antihistamines and/or anti-pyretic may be required. Inform the blood transfusion department Ext 4022 or Bleep 1626 ( out of hours)</p> <ul style="list-style-type: none"> <li>• Make electronic request for Transfusion Reaction Investigation(General group on Review</li> <li>• Forward samples to Laboratory with this completed form</li> </ul> <p>NOTE: In all cases where a transfusion reaction is suspected and the transfusion is stopped and disconnected, the implicated unit, complete with giving set, must be returned to the laboratory for further investigation</p> <p><b>Complete and return this form to Transfusion</b></p>
1 or more Red <input type="checkbox"/>  <b>SEVERE</b>	<p><b><u>ACTION:</u>STOP the transfusion and disconnect,</b> request immediate clinical review, Re check identity of the unit with the patient, give IV fluids, inform the transfusion laboratory, contact the Consultant Haematologist.</p> <ul style="list-style-type: none"> <li>• Make electronic request for Transfusion Reaction Investigation (General group on Review</li> <li>• Forward samples to Laboratory with this completed form</li> </ul> <p>NOTE: In all cases where a transfusion reaction is suspected and the transfusion is stopped and disconnected, the implicated unit, complete with giving set, must be returned to the laboratory for further investigation</p>

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Surname:

Forename:

DOB:

NHS/Unit No.:

Affix patient identification label if available

**ACUTE TRANSFUSION REACTION SCORE:**

**MILD**

**MODERATE:**

**SEVERE:**

**Date of incident.....Time.....**

**Name of person completing this form (PRINT):.....**

**Clinical Grade/Speciality:..... Ext/Bleep.....**

**Possible diagnosis**

Transfusion Associated Dyspnoea (TAD)..... Yes  No

Transfusion Associated Circulatory Overload (TACO)..... Yes  No

Transfusion Associated Acute Lung Injury (TRALI)..... Yes  No

Other:.....;

**Results of Laboratory Investigations**

Requirement to report to SHOT/SABRE Yes  / No

Date reported:.....Reported by:.....

Incident closed by (Transfusion Laboratory Manager or Transfusion Nurse Practitioner).....

Date Closed:

**THIS INFORMATION MUST BE DOCUMENTED IN PATIENT'S MEDICAL RECORD**

Amended version of Transfusion Reactions –For Guidance. Produced by: Wales Transfusion Practitioner Group V2: WBS BBT Team Oct 2012

References:

Serious Hazards of Transfusion (2011), Definitions of current categories and what to report, [www.shotuk.org](http://www.shotuk.org)

UK Blood Services (2007), Handbook of Transfusion Medicine 5<sup>th</sup> Edition, 2013

[www.transfusionguidelines.org.uk](http://www.transfusionguidelines.org.uk)

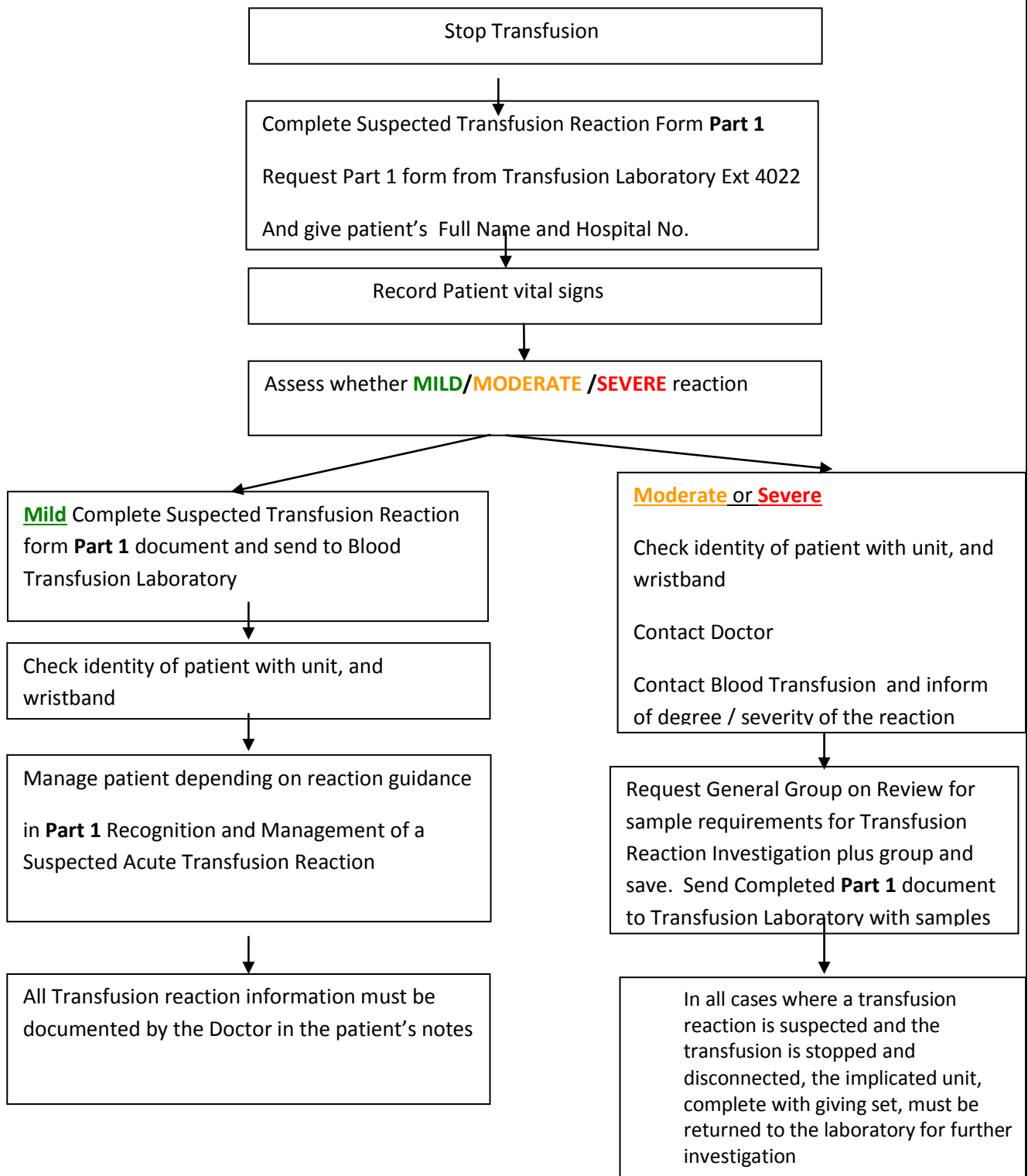
BCSH Blood Transfusion Task Force (2012) Guideline on the investigation and management of acute transfusion reactions,

[www.bcshtguidelines.com](http://www.bcshtguidelines.com)

BCSH Guideline on the Administration of Blood Components Addendum (August 2012)

[www.bcshtguidelines.com](http://www.bcshtguidelines.com)

**Flow chart – for Suspected Transfusion Reaction**



\*Following a full investigation the Blood Transfusion Laboratory Team will complete Part 2 of this form which will be attached to Part 1 and filed in the patient notes by the Transfusion Nurse Practitioner