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| **NOTIFICATION OF A SUSPECTED TRANSFUSION REACTION**  |
| **PATIENT DETAILS** | **RETURN THE FOLLOWING TO BLOOD BANK:** |
| CHI Number |  | 1 | Notification form completed by ward medical staff |
| Surname |  | 2 | The donor pack causing the reaction complete with the giving set (needle removed) |
| Forename |  | 3 | All untransfused components for this patient |
| Date of Birth |  | Gender |  | 4 | Blood Transfusion sample and request form (post transfusion) |
| Hospital |  |  Ward |  | 5 | Any other samples as instructed by Haematologist |
| Consultant |  |  |  |
| **CLINICAL DETAILS**  |
| Brief medical history  |  |
| Reason For Transfusion |  | Pre-Transfusion Haemoglobin |  g/dL |
| Previous Transfusion | YES  |  | NO |  | Previous Transfusion Reaction | YES  |  | NO |  | Previous Pregnancies  | YES |  | NO |  |   |
| **OBSERVATIONS** | **TEMPERATURE**  |  **BLOOD PRESSURE** |  **PULSE** |  **RESPIRATIONS**  |
| PRE TRANSFUSION |  |  |  |  |
| AT TIME OF REACTION |  |  |  |  |
| **SYMPTOMS (please tick)** |
| RIGORS/ CHILLS |  | TACHYCARDIA |  |  VOMITING/NAUSEA |  |
|  URTICARA |  |  ITCH/RASH |  |  JAUNDICE |  |
|  LUMBAR PAIN |  |  DYSPNOEA |  |  HAEMOGLOBINURIA |  |
| PAIN/HEAT AT INFUSION SITE |  | O2 SATURATION <90% ON AIR |  |  UNEXPECTED BLEEDING (?DIC) |  |
| OTHER ( Please Specify ) |  | VOLUME OF URINE PASSED SINCE REACTION |  ml |
| **IMPLICATED COMPONENT DETAILS( Pease tick) Red Cells FFP Platelets Cryo** |
| AB0 Group |  | Rhesus (D) |  | Donor Pack No. |  | Expiry Date |  |
| Date /Time Pack Removed from storage (if known) |  | Was Blood Warmed Before Infusion | Yes / No |
| Date / Time Transfusion Commenced |  | Volume of Blood Infused (approx) |  ml |
| Date / Time Onset of Symptoms  |  | Date/Time Transfusion stopped |  |
| Number of Units transfused though giving set |  | Was Anything Injected Into Pack or Giving Set |  YES  |  | NO |  |  ( IF yes Please Specify ) |
| Details of any other suspected components | **1,Donor Pack No****2.Donor Pack No****3.Donor Pack No** |  | **Product****Product****Product** | **4. Donor Pack No****5. Donor Pack No****6. Donor Pack No** | **Product****Product****Product** |
| **Please specify treatment given for the reaction:**Doctor Signature: Print Name: Page Number : Date: |