|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |