

REACT



Actions & Suggested Treatment/Investigations

1. STOP transfusion
2. Maintain IV access with saline at 50cc/hr using new IV set
3. Check vital signs
4. Re check name and HFN of patient with product label
5. Notify patient's physician
6. Notify blood bank

Suspected Transfusion Reaction Signs & Symptoms

Call Blood Bank and Send

'Possible' Etiology

Timing of Symptoms

Fever ($\geq 38^\circ$ and \uparrow of at least 1°C from baseline) and/or Chills/Rigors	38° to < 39° and No other symptoms	<ul style="list-style-type: none"> · Reaction Slip only · No testing required 	FNHTR (febrile non hemolytic transfusion reaction)	During or up to 4 hours post transfusion	<ul style="list-style-type: none"> - Consult with patient's physician -Antipyretic and proceed cautiously if product still viable - Premed with antipyretic only after 2 episodes
	<39° and other symptoms (ie rigors, hypotension) OR $\geq 39^\circ$	<ul style="list-style-type: none"> · 1 Pink top tube + signed pink sheet · Offending unit(s) and reaction slip · Blood culture from patient (micro) · Urinalysis (biochem) 	Bacterial Contamination or AHTR (acute hemolytic transfusion reaction)	Usually within first 15 minutes but may be later	<ul style="list-style-type: none"> - DO NOT RESTART - Antipyretic - If bacterial contamination suspected start antibiotics immediately - Demerol (MD order) for shaking chills (rigors) - If PLASMA HEMOLYSIS reported by Blood Bank send: INR, PTT, CBC, electrolytes, creatinine, bilirubin, LDH and fibrinogen to biochemistry - Monitor for hypotension, renal failure and DIC (oozing) - For additional assistance contact Blood Bank MD on call
Urticaria (hives) or Rash	< 2/3 body and No other symptoms	<ul style="list-style-type: none"> · Reaction Slip only 	Minor Allergic	During transfusion; up to 3 hours from start	<ul style="list-style-type: none"> - Consult with patient's physician - Antihistamine and proceed cautiously if product still viable - Premed with antihistamine only after 2 episodes
	$\geq 2/3$ body and NO other symptoms	<ul style="list-style-type: none"> · No testing required 	Severe Allergic		<ul style="list-style-type: none"> - DO NOT RESTART - Antihistamine - Premedication with antihistamine with/without corticosteroid, plasma depletion may be required for future transfusions
	With other symptoms (ie dyspnea, hypotension)	<ul style="list-style-type: none"> · 1 Pink top tube + signed pink sheet · Offending unit(s) and reaction slip · C XRay 	Anaphylaxis	Usually early in transfusion	<ul style="list-style-type: none"> - DO NOT RESTART - Epinephrine (MD order) - Requires washed blood until investigation complete - Send haptoglobin to immunology - Send anti-IgA testing to Blood Bank - For additional assistance contact Blood Bank MD on call
Dyspnea (SOB, \downarrow O ₂ Sats) OR Hypotension		<ul style="list-style-type: none"> · 1 Pink top tube + signed pink sheet · Offending unit(s) and reaction slip · C Xray · Urinalysis (biochem) 	Circulatory Overload	Within several hours of transfusion	<ul style="list-style-type: none"> - DO NOT RESTART - Diuretics, O₂, High Fowler's position - Slow transfusion rate for subsequent transfusions (1mL/kg/hr maximum 4 hours/bag) and diuretics
			TRALI (transfusion related acute lung injury)	Within 6 hours of transfusion	<ul style="list-style-type: none"> - DO NOT RESTART - Assess CXRay for pulmonary infiltrates - O₂, possible intubation and ventilation, vasopressors - If bacterial contamination suspected start antibiotics immediately - If PLASMA HEMOLYSIS reported by Blood Bank (bloodwork as above) - For additional assistance contact Blood Bank MD on call
			AHTR Bacterial Contamination Transfusion-Related Hypotension	Usually within first 15 minutes but may be later	