

RESPONSE

| Suspected Transfusion Reaction SYMPTOMS REPORTED | Request from Ward | Blood Bank Investigation | Notification | Further Investigations/Procedures (Physician, BB Manager, Medical Director or TSN generated) | 'Possible' Etiology | |
|--|--|--|--|--|---|---|
| Fever ($\geq 38^\circ$ and \uparrow of at least 1° C from baseline) and/or Chills/Rigors | 1. 38° to $< 39^\circ$ and No other symptoms | Reaction documentation only | None | Notification next a.m. only | None | FNHTR (Febrile Non Hemolytic Transfusion Reaction) |
| | 2. $< 39^\circ$ and any other symptoms (ie chills or rigors, hypotension...) | EDTA specimen + Blood Bank Requisition Offending unit(s) and Reaction documentation | Required | Inform RN/MD that Blood Bank MD on call available if additional assistance required Notify Blood Bank Manager | <ul style="list-style-type: none"> STOP transfusion Check patient's status If bacterial sepsis suspected recommend antibiotics be started If PLASMA HEMOLYSIS ; <ul style="list-style-type: none"> Notify ward Request INR, PTT, CBC, electrolytes, creatinine, bilirubin, LDH and fibrinogen be drawn | BACTERIAL CONTAMINATION or AHTR (Acute Hemolytic Transfusion Reaction) |
| | 3. $\geq 39^\circ$ | Blood culture from patient (be sent to microbiology) Urinalysis (to biochemistry) | Specimens for Microbiology culture (unit(s)+segment) | Notify Blood Bank Manager | If PLASMA HEMOLYSIS ; <ul style="list-style-type: none"> Notify ward Request INR, PTT, CBC, electrolytes, creatinine, bilirubin, LDH and fibrinogen be drawn | AHTR (Acute Hemolytic Transfusion Reaction) |
| Urticaria (hives) or Rash | 4. $< 2/3$ body and No other symptoms | Reaction documentation only | None | Notification next a.m. only | None | Minor Allergic |
| | 5. $\geq 2/3$ body and No other symptoms | Reaction documentation only | None | Notification next a.m. only | <ul style="list-style-type: none"> STOP transfusion Suggest premedication with antihistamine with/without corticosteroids in future If further components required, plasma depleted RBC/Plt indicated | Severe Allergic |
| | 6. With other symptoms (dyspnea/airway obstruction, respiratory problems, SOB, \downarrow O_2 Sat, hypotension) | EDTA specimen + Blood Bank Requisition Offending unit(s) and Reaction documentation Chest X-Ray | Required | Hold offending unit(s) until investigation concluded | Inform RN/MD that Blood Bank MD on call available if additional assistance required Notify Blood Bank Manager | <ul style="list-style-type: none"> STOP transfusion Check patient status Request Haptoglobin be sent to immunology Request anti-IgA testing Washed cells till investigation concluded |
| Dyspnea or Hypotension | 7. Dyspnea (respiratory problems, SOB, \downarrow O_2 Sat) | EDTA specimen + Blood Bank Requisition Offending unit(s) and Reaction documentation | Required | Inform RN/MD that Blood Bank MD on call available if additional assistance required | <ul style="list-style-type: none"> STOP transfusion Check patient status If Chest X-Ray infiltrates, request TRALI w/u | Circulatory Overload Transfusion-Related Hypotension TRALI (Transfusion Related Acute Lung Injury) |
| | Hypotension (shock or ≥ 30 mmHg drop in systolic BP) | Chest X-ray Urinalysis (to biochemistry) | Specimens for Microbiology culture (unit(s)+segment) if hypotension reported | Notify Blood Bank Manager | If PLASMA HEMOLYSIS <ul style="list-style-type: none"> Notify ward Request INR, PTT, CBC, electrolytes, creatinine, bilirubin, LDH and fibrinogen be drawn | AHTR BACTERIAL CONTAMINATION |

• **NOTE:** Scenario 1 & 4 do not require any blood bank testing (the majority of reactions reported) • Store offending unit(s) if returned by ward • In certain scenarios patient blood cultures, Chest X-Ray, and urinalysis should be requested from ward to assist in Blood Bank's investigation of transfusion reaction **BP= Blood Pressure - systolic/diastolic eg 110/80, SOB = Shortness of Breath, O_2 Sat = oxygen saturation**