

Case 3 TMP0021TC0014F **TRANSFUSION REACTION REPORT**

Location: 6W

- Laura Secord Hospital  Port Coquitlam Memorial Hospital  
 Fraser Valley Hospital  Queen Elizabeth Regional Hospital

**Mouse, Minnie**  
 MRN: 7854147  
 DOB: 11 Feb 1932 F 78  
 PHN: 9241762128

Diagnosis: Lumbar Spinal Stenosis

Indication for Transfusion: Anemia

Category:  Hematology/BMT  Oncology  Medical  Surgical  Obstetrics/Gyn/Perinatal  Trauma  Neonatal

**1. Patient and Blood Component/Product Unique Identifier Verification (Clerical Check)**

Is the information IDENTICAL on all the following: • Patient ID band • Issue document/tag • Blood component/product label?  YES  NO  
 IF NO, contact TMS/Lab IMMEDIATELY. Another patient may be at risk. Date /Time TMS/Lab notified:

**2. Clinical History (Check all that apply)**

- Pre-existing fever  History or evidence of circulatory overload  Immune-compromised (specify):  
 Transfused under GENERAL anesthesia  Transfused under REGIONAL anesthesia  Transfusion pre-medication (specify):  
 Patient currently prescribed:  ACE inhibitor  Diuretic  Antibiotic(s)  
 History of transfusion:  No  Unknown  Yes (within 3 months)  Yes (> 3 months)  
 History of pregnancies/miscarriages:  No  Unknown  Yes (within 3 months)  Yes (> 3 months)

**3. Location, Date, and Time of Transfusion Reaction**

Patient location:  ICU  ER  Medical ward  Surgical ward  OR  PAR  OB/Gyn  Outpatient  Chronic Care  
 Date (dd/mm/yyyy) Time Transfusion Started Time Reaction Occurred Time Transfusion Stopped Time Transfusion Restarted (Quick Reference Guide)  
06 Mar 2010 1137 1250 1250

**4. Clinical Signs and Symptoms**

Pre-transfusion	Temp: <u>36.9</u> °C ( <u>0</u> )	BP: <u>105/55</u>	Pulse: <u>80</u>	Respiratory Rate: <u>20</u>
Post-transfusion	Temp: <u>37.0</u> °C ( <u>0</u> ) (Highest)	BP: <u>68/33</u>	Pulse: <u>62</u>	Respiratory Rate: <u>20</u>

Clinical Signs and Symptoms: Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Urticaria (rash)                                       | <input type="checkbox"/> Joint/muscle pain         | <input type="checkbox"/> Dyspnea (shortness of breath)  |
| <input type="checkbox"/> Pruritus (itching)                                     | <input type="checkbox"/> Back pain                 | <input type="checkbox"/> Wheezing   |
| <input type="checkbox"/> Headache   | <input type="checkbox"/> Chest pain                | <input type="checkbox"/> Hypoxemia: SpO <sub>2</sub> _____ % or PaO <sub>2</sub> _____ mm Hg on |
| <input type="checkbox"/> Fever (Oral T ≥38°C AND ≥1°C rise above baseline temp) | <input type="checkbox"/> Heat/pain at IV site      | <input type="checkbox"/> Room air   |
| <input type="checkbox"/> Chills (sensation of cold)                             | <input checked="" type="checkbox"/> Dizziness      | <input type="checkbox"/> Supplementary O <sub>2</sub> _____ L/min                               |
| <input type="checkbox"/> Rigors (involuntary shaking)                           | <input type="checkbox"/> Jaundice                  | <input type="checkbox"/> Hypertension   |
| <input type="checkbox"/> Flushing   | <input type="checkbox"/> Red or brown urine        | <input checked="" type="checkbox"/> Hypotension (SBP drop ≥ 30mmHg)                             |
| <input type="checkbox"/> Skin rash other than urticaria                         | <input type="checkbox"/> Oliguria                  | <input type="checkbox"/> Tachycardia (HR rise > 40bpm)  |
| <input type="checkbox"/> Restlessness/anxiety                                   | <input type="checkbox"/> Diffuse hemorrhage        | <input type="checkbox"/> Shock  |
| <input type="checkbox"/> Nausea/vomiting  | <input type="checkbox"/> Facial or tongue swelling |   |

Other relevant clinical information:

**5. Blood Component/Product(s) and Equipment Information (Attach sheet with additional information if needed.)**

5a. Blood Component/Product Type	Unit or Lot Number	Volume Transfused (mL or # of vials)
<u>RBC</u>	<u>C051010115627</u>	<u>150</u>

5b. Filters or Equipment Used  Standard blood filter  Other blood filter  IV pump  Blood warmer  Rapid infusion device  
 Re-infusion device  Cell saver Details:

**6. Measures and Notifications**

- 6a. Treatment Measures Taken (Check all that apply)
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Antipyretics   | <input type="checkbox"/> Diuretics → <input type="checkbox"/> Effective | <input type="checkbox"/> Analgesic                    | <input type="checkbox"/> ICU                           |
| <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Antibiotics                                    | <input type="checkbox"/> Supplementary O <sub>2</sub> | <input type="checkbox"/> Ventilation → Duration: _____ |
| <input type="checkbox"/> Steroids       | <input type="checkbox"/> Vasopressor                                    | <input type="checkbox"/> Chest X-ray                  | <input type="checkbox"/> Blood samples taken           |
- Other: Ringer's Lactate

Notifications: Physician (name): J.D. Mink Date/Time: 06 Mar 2010 1300 TMS/Lab(name): Winn Date/Time: 06 Mar 2010 1302

6b. Reported By: (signature) D. Kolasa  
 Name (print): D. KOLASA Designation RN Date/Time: 06 Mar 2010 1320