

Patient NHI:	DOB:	Male / Female	Hospital:
Family Name:	Ward:		
Given Names:	Was the patient under general anaesthesia and/or ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Transfusion Details	
Date / time transfusion started:	Volume transfused (mL or units)
Date / time transfusion reaction detected:	
Donation/unit number(s) on the implicated blood component(s):	
Which blood component(s) were administered? <input type="checkbox"/> Red Cells <input type="checkbox"/> Fresh Frozen Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Other * ..... <small>*If the reaction was to a fractionated plasma product (e.g. IVIg), use the form <b>111F003</b> available from Blood Bank or <a href="http://www.nzblood.co.nz">www.nzblood.co.nz</a></small>	

Clinical History	
Patient's diagnosis and reason for transfusion:	
Will further blood component support be required in the next 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Patient Vital Signs/Observations							
Baseline (pre starting unit)	RR:	SpO <sub>2</sub> :	%	<input type="checkbox"/> R/A or <input type="checkbox"/> O <sub>2</sub> _____ % or L	HR:	BP:	Temp: °C
At time of reaction	RR:	SpO <sub>2</sub> :	%	<input type="checkbox"/> R/A or <input type="checkbox"/> O <sub>2</sub> _____ % or L	HR:	BP:	Temp: °C

See ATR management guidelines overleaf. Clinical advice is always available. Contact via your local Blood Bank.

Mild reaction	Or	Moderate or severe or life-threatening reaction																																				
<input type="checkbox"/> Temperature > 38°C and < 1.5°C from baseline with <u>no</u> other symptoms  <div style="text-align: center; color: red; font-weight: bold;">or</div> <input type="checkbox"/> Localised rash with <u>no</u> other symptoms  <div style="text-align: center; color: red; font-weight: bold;">Select only one box above</div> <p style="color: red; font-weight: bold;">If additional symptoms are present you <u>must</u> complete the moderate/severe reaction section</p> <p>After medical review: Send this form to Blood Bank. <u>No</u> blood tests are required.</p> <div style="text-align: center;">↓</div>		<div style="background-color: #ff0000; color: white; text-align: center; font-weight: bold; padding: 5px;">Signs and Symptoms - tick all that apply.</div> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Pyrexia/fever</td> <td><input type="checkbox"/> Rigors / Chills</td> <td><input type="checkbox"/> Tachycardia</td> <td><input type="checkbox"/> Bradycardia</td> </tr> <tr> <td><input type="checkbox"/> Hypertension</td> <td><input type="checkbox"/> Hypotension</td> <td><input type="checkbox"/> Hypoxia</td> <td><input type="checkbox"/> Cough</td> </tr> <tr> <td><input type="checkbox"/> Restless/Anxiety</td> <td><input type="checkbox"/> Tachypnoea</td> <td><input type="checkbox"/> Dyspnoea</td> <td><input type="checkbox"/> Arrhythmia</td> </tr> <tr> <td><input type="checkbox"/> Extensive rash or urticaria</td> <td><input type="checkbox"/> Angioedema</td> <td><input type="checkbox"/> Wheeze +/- Stridor</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Extensive flushing</td> <td><input type="checkbox"/> Elevated JVP</td> <td><input type="checkbox"/> Pulmonary oedema</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOC change</td> <td><input type="checkbox"/> Red/black urine</td> <td><input type="checkbox"/> Chest and /or Loin Pain</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pain at IV site</td> <td><input type="checkbox"/> Jaundice</td> <td><input type="checkbox"/> Abnormal bleeding</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Diarrhoea</td> <td><input type="checkbox"/> Nausea</td> <td><input type="checkbox"/> Vomiting</td> <td></td> </tr> </table> <p>Other?</p> <p>Clinical interventions/medications to manage reaction?</p> <p>Send Standard ATR Investigations:</p> <p><input type="checkbox"/> TO BLOOD BANK: implicated unit/IV set, hand-labelled pink top sample &amp; this form. Include a completed NZBS request form if further transfusion is likely.</p> <p><input type="checkbox"/> TO PATHOLOGY: FBC, blood film &amp; UE   <input type="checkbox"/> WARD urinalysis</p> <div style="text-align: center; margin-top: 20px;"> <div style="background-color: #ff0000; width: 50px; height: 50px; margin: 0 auto; transform: rotate(45deg);"></div> <div style="background-color: #ff0000; width: 50px; height: 50px; margin: 0 auto; transform: rotate(-45deg);"></div> </div> <div style="background-color: #ff0000; color: white; text-align: center; font-weight: bold; padding: 5px;">Additional Investigations?</div> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Haptoglobin, LDH, coagulation screen (if evidence of haemolysis)</td> </tr> <tr> <td><input type="checkbox"/> CXR, ABGs, BNP (if respiratory distress)</td> </tr> <tr> <td><input type="checkbox"/> Serum tryptase +/- anti-IgA antibodies (if severe allergy/anaphylaxis)</td> </tr> <tr> <td><input type="checkbox"/> Blood cultures (if sepsis / shock possible or present)</td> </tr> </table>	<input type="checkbox"/> Pyrexia/fever	<input type="checkbox"/> Rigors / Chills	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Hypoxia	<input type="checkbox"/> Cough	<input type="checkbox"/> Restless/Anxiety	<input type="checkbox"/> Tachypnoea	<input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Extensive rash or urticaria	<input type="checkbox"/> Angioedema	<input type="checkbox"/> Wheeze +/- Stridor		<input type="checkbox"/> Extensive flushing	<input type="checkbox"/> Elevated JVP	<input type="checkbox"/> Pulmonary oedema		<input type="checkbox"/> LOC change	<input type="checkbox"/> Red/black urine	<input type="checkbox"/> Chest and /or Loin Pain		<input type="checkbox"/> Pain at IV site	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Abnormal bleeding		<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting		<input type="checkbox"/> Haptoglobin, LDH, coagulation screen (if evidence of haemolysis)	<input type="checkbox"/> CXR, ABGs, BNP (if respiratory distress)	<input type="checkbox"/> Serum tryptase +/- anti-IgA antibodies (if severe allergy/anaphylaxis)	<input type="checkbox"/> Blood cultures (if sepsis / shock possible or present)
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<div style="display: flex; justify-content: space-between;"> <span>Reported by: <input style="width: 30%; border: none; border-bottom: 1px solid white;" type="text"/></span> <span>Date: <input style="width: 20%; border: none; border-bottom: 1px solid white;" type="text"/></span> <span>Contact No. <input style="width: 30%; border: none; border-bottom: 1px solid white;" type="text"/></span> </div>																																						

# ACUTE TRANSFUSION REACTIONS

Recognise. Respond. Report.

PATIENT HAS SIGNS AND SYMPTOMS SUGGESTIVE OF POTENTIAL TRANSFUSION REACTION



**Assess:** rapid clinical assessment

**Check:** confirm patient ID band matches blood swing label details

**Inspect:** visual check of unit for turbidity, clots or abnormal appearance

**Talk with the Patient:** establish status, inform and comfort

Are symptoms **LIFE THREATENING?** Airway/Breathing/Circulation?  
OR Wrong Blood Given? OR Evidence of Abnormal Unit?

YES

NO

## Severe or Life Threatening Events

- ✓ **CALL** for **urgent** medical help and review
- ✓ **INITIATE** Resuscitation: ABC
- ✓ **DISCONNECT** IV infusion set/unit – do **NOT** discard/restart
- ✓ **MAINTAIN** venous access with saline via **NEW** infusion set
- ✓ **ADMINISTER** IV fluids/O<sub>2</sub> if clinically indicated
- ✓ **MONITOR** TPR/BP/SpO<sub>2</sub>/urine output (q5-15 min)
- ✓ **TREAT** according to clinical status/symptoms, noting:
  - ? **anaphylaxis/severe allergy**: use NZRC Anaphylaxis Guide
  - ? **septic shock**: use DHB Sepsis Guidelines
  - ? **acute haemolysis**: maintain BP, force diuresis, alkalise urine
  - ? **circulatory overload**: diuretics, O<sub>2</sub>, positive airway pressure
  - ? **TRALI**: respiratory support, ask NZBS to start donor review

**ALERT:** Is haemorrhage a possible cause of the hypotension?  
Resuscitate with fluids and consider further transfusion

**INFORM** your local clinical haematologist or TMS via Blood Bank ASAP or, contact directly if treatment advice needed

## INFORM medical staff – seek PROMPT clinical review

### Moderate Events

- ✓ All symptoms that are not classified as mild, severe or life threatening

### Management

- ✓ Disconnect IV infusion set/unit – do **NOT** discard set/unit
- ✓ Replace IV infusion set
- ✓ Maintain venous access with saline
- ✓ Treat according to clinical status
- ✓ Do **NOT** restart transfusion

### Mild Events

- ✓ Fever > 38°C and < 1.5°C above baseline with no other symptoms
- ✓ Localised rash with no other symptoms

### Medical Review

- ? If fever – consider antipyrexial
- ? If localised rash – consider antihistamine

### Management

- ✓ Consider restarting transfusion at slower rate. Directly observe for first 15 minutes
- ✓ Increase frequency of monitoring vital signs (TPR/BP/SpO<sub>2</sub>) thereafter

### Reporting

- ✓ Document in clinical notes
- ✓ Send NZBS ATR Notification Form (111F009) to Blood Bank
- ✓ No blood tests required

## Investigations and Reporting

- ✓ **DO** – 'Standard ATR Investigations' and undertake 'Additional Investigations' as needed
- ✓ **COMPLETE** – NZBS ATR Notification Form (111F009)
- ✓ **SEND** – blood unit/IV set, ATR Notification Form and EDTA (pink) sample to BB and other samples to Pathology
- ✓ **RECORD** – in clinical notes

## If symptoms worsen?

**STOP** transfusion and manage as per a **moderate** or **severe** event