

ACUTE TRANSFUSION REACTIONS

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

Recognise. Respond. Report.



Are Symptoms Life Threatening?

YES

Severe or Life threatening

CALL for urgent help
INITIATE Resuscitation
according to symptoms
and medical directives

Disconnect IV set & unit. Do not discard
Maintain IV access (new IV set)
Administer IVF and/or O₂ – if indicated

Monitor vital signs q5-15 mins

Treat & Manage symptoms. Do **not** restart unit

Investigate: blood tests for Blood Bank (BB)
& pathology

Notify: return unit & IV set to BB with NZBS form

Document event in clinical notes

NO

Inform MO & seek prompt help

Moderate
Reaction

Mild Reaction
temp only, > 38°C but
< 1.5°C from baseline or
isolated rash only

Treat & Manage symptoms

Consider restart of unit if
patient is stable

Increase frequency of
patient monitoring

Notify BB but no blood
tests or return of IV set/
unit required

Document event in notes

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