**Record of Initial Medical Discussion of Possible Transfusion Reaction**

**Name of Haematologist**

**Name of Patient****DOB**

**CHI Number**

**Location/Hospital****Patient’s consultant**

**Date/Time of Suspected Reaction**

**Date/Time of Discussion with medic**

**Name/Grade of Ward Person discussing reaction**

**Implicated product RBC** **Platelets** **FFP** **Cryo**

**Description of events**

**Likely diagnosis**

Definite  Probable Possible Unlikely Reaction  **- (Please tick)**

**Advice Given to Ward Staff**

Return unit to blood bank

(with giving set + reaction form)

Return additional unused units

Complete traceability tags

Monitor patient

Document episode in notes

FBC  U+Es LFTs LDH Hapto

XM/DAGT

Serum for bloodbank investigation

Coag  Blood cultures  Urinalysis  Haemoglobinuria

Anti HLA Ab

Anti HPA Ab

IgA concentration

Anti IgA concentration

Mast cell tryptase

**Name of Transfusion BMS discussed with**

**Discussed with Haem consultant Yes**  **Dr …………….. No**  **(please tick)**

Please send/ fax/email (preferred option) this form to the local Transfusion Practitioner

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