

## Notification of Adverse Reaction to Blood Component – Section 1

To be completed by clinical staff – complete only for moderate/severe reactions

Patient details – affix label or complete below	Hospital	Ward/Dept
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Forename			
Surname			
Date of Birth		Print name & contact details of person reporting	
CHI Number			

Patient diagnosis	
Reason for transfusion	
Symptoms of reaction	
Treatment given	

### Component details

Type of component		Visual check of bag done	Yes
			No
Donation number		ID checked (Right blood to right patient)	Yes
			No
Expiry date		Blood warmer used	Yes
			No
Date & time transfusion started		Date & time transfusion stopped	
Date & time onset of symptoms		Approx volume of component infused	

### Clinical Observations

	Temp	Pulse	BP	RR	O <sub>2</sub> Sats
At baseline					
At reaction					

### Classification of reaction and further actions (Refer also to flowchart on NTR)

Severe/life threatening event	Moderate reaction	Mild reaction
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Consider:

- Anaphylaxis/severe allergy
- Septic Shock
- Acute haemolysis
- Non-anaphylactic respiratory compromise (think TACO, consider TRALI)

- All signs or symptoms that are not classified as mild, severe or life threatening
- Temperature >39°C or >2°C rise from baseline value

- Temperature >38°C - <39°C and a rise of between 1°C and 2°C from pre transfusion values
- Transient flushing

- **Stop transfusion & rapid A-E assessment**
- Confirm patient ID band matches component label
- Get medical help & Contact Duty Haematologist via switchboard
- Treat according to symptoms
- **Document in clinical notes** and report on DATIX
- Complete sections 1 & 2 of this form and sent to blood bank with relevant post transfusion samples

- **Stop transfusion & rapid A-E assessment**
- Confirm patient ID band matches component label
- Inform medical staff and treat according to symptoms
- **Document in clinical notes**

**Notification of Adverse Reaction to Blood Component – Section 2**  
**To be completed by clinical staff following discussion with Duty Haematologist**

**Duty Haematologists details**

Name of Duty Haematologist	
Contact details for Haematologist	
Date and time contacted	
Date and time of discussion	

**Discussion Details**

Suspected type of reaction: (If TRALI or bacterial contamination suspected Duty Haematologist <b>MUST</b> contact the Blood Bank and SNBTS duty medic)			
Severity of reaction: (If mild, document in case notes and inform Blood Bank – no further action required)	Mild	Moderate	Severe
Imputability:	Excluded/Unlikely		Possible
	Likely		Certain
Detail any further treatment advised			
Are further components required? (If yes, please state what)	Yes		No
If yes, has Duty Haematologist authorised?			

**Investigations Advised (tick where applicable)**

<input type="checkbox"/>	Post Group & Save/Crossmatch	<input type="checkbox"/>	Haemoglobinuria
<input type="checkbox"/>	FBC	<input type="checkbox"/>	IgA Concentration
<input type="checkbox"/>	Coagulation Screen	<input type="checkbox"/>	Anti IgA Concentration
<input type="checkbox"/>	U&Es	<input type="checkbox"/>	Mast Cell Tryptase
<input type="checkbox"/>	LFTs	<input type="checkbox"/>	Chest X-Ray
<input type="checkbox"/>	LDH	<input type="checkbox"/>	ENP/ECHO
<input type="checkbox"/>	Haptoglobins	<input type="checkbox"/>	HPA Antibodies
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	HLA/HNA Antibodies
<input type="checkbox"/>	Blood Cultures	<input type="checkbox"/>	Others (Please detail)

**Checklist (tick when complete)**

<input type="checkbox"/>	Document in patient notes
<input type="checkbox"/>	Inform Blood Bank by phone on outcome of discussion with Haematologist
<input type="checkbox"/>	Return sections 1 and 2 of this form to Blood Bank
<input type="checkbox"/>	Send post transfusion reaction G&S/XM samples & request form to blood bank
<input type="checkbox"/>	Implicated unit returned to Blood bank
<input type="checkbox"/>	Any other components for this patient returned to blood bank
<input type="checkbox"/>	All other advised samples sent to appropriate labs
<input type="checkbox"/>	Return sections 1 and 2 of this form to Blood bank* (see below)
<input type="checkbox"/>	Report to DATIX and record reference number here*:

Print name:	Date:
Signature:	Time:
Designation:	Ward:

\*Don't delay returning the post transfusion samples & implicated units to complete this form and DATIX.  
 To return this form either

- Print it out and send it to blood bank or
- Scan a copy and send to appropriate generic blood bank email for hospital involved  
 Clyde - [ggc.clyde.bloodbank@nhs.scot](mailto:ggc.clyde.bloodbank@nhs.scot)  
 North - [ggc.gri.bloodbank@nhs.scot](mailto:ggc.gri.bloodbank@nhs.scot)  
 South – [ggc.bloodbank.southglasgow@nhs.scot](mailto:ggc.bloodbank.southglasgow@nhs.scot)  
 GGH – [ggc.ggh.bloodbank@nhs.scot](mailto:ggc.ggh.bloodbank@nhs.scot)