

## Notification of Adverse Reaction to Blood Component – Section 3 To be completed by lab staff

### Section 3a - to be completed by lab staff taking initial phone call

Patient Details	Hospital	Ward/Dept
Forename		
Surname	Date & time of initial phone call	
Date of Birth		
CHI Number		

### Contact Details

Name of person calling lab
Contact details of person calling lab
Name of BMS/MLS taking phone call

### Communication Checklist (tick when complete)

Advise to contact duty Haematologist via switchboard
Ask if further components are required and their urgency
Handover to Blood Transfusion BMS

### Section 3b – to be complete by Blood Transfusion BMS on duty

Follow up		
Name of BMS dealing with the reaction		
Has Haematologist or ward medic phoned lab back about next steps? If <b>not</b> , follow up with phone call to ward to ask outcome of Haematologist discussion. Repeat until you know the outcome. If <b>not</b> a transfusion reaction, document at end of this form and no further action required	Yes	No
If possible/probably transfusion reaction, has implicated unit and any other associated units been returned? If not, arrange for them to be returned	Yes	No
Have Section 1 and 2 of this form and post transfusion samples and request form been received? <b>If not, you must phone ward to request them.</b>	Yes	No
If further components required, please state name of Duty Haematologist who authorised them		
Is the reaction a suspected TRALI or TTI? <b>If yes, the SNBTS Duty Haematologist must be informed immediately and associated components quarantined</b>	Yes	No
If required, has sample(s) and/or component been sent to SNBTS and recorded on the sendaway log?	Yes	No
Is post transfusion testing complete?	Yes	No
Is there any evidence of serological reaction? If <b>yes</b> , the Duty Haematologist must be informed	Yes	No
<b>Once follow up and testing complete pass all relevant paperwork to Senior BMS or put on handover/huddle board if no one available</b>		

### Senior BMS Checklist

Report to DATIX if not already done	Yes	No	Notify TP of reaction	Yes	No
Upload relevant paperwork to DATIX	Yes	No	TP reported SAR to SHOT/SABRE	Yes	No
DATIX reference number			All actions complete	Yes	No
Please detail any issues:					
Name of senior BMS:					

**Results sheet for Transfusion Reaction investigation – Section 4**  
**To be completed by BMS**

	Pre-transfusion sample	Post-transfusion sample	Unit
<b>Specimen No/Donation No</b>			
<b>Sample details</b>	CHI:  Name:  D.O.B:	CHI:  Name:  D.O.B:	<b>Patient details on compatibility label</b>  CHI:  Name:  D.O.B:
<b>Request form details</b>	CHI:  Name:  D.O.B:	CHI:  Name:  D.O.B:	
<b>ABO Group</b>			
<b>D Group</b>			
<b>DAT</b>			
<b>Antibody Screen</b>			N/A
<b>XM Compatibility</b>			

**BMS**

Any serological evidence of transfusion reaction?

Name of senior BMS:

Date: