TRANSFUSION REACTION REPORT- THE RECIPIENT

OCTOBER 2015
VERSION 1

CODE: LCBT-HV FIT 002

DOCUMENT OF TRANSFUSION-RELATED ACTIVITIES

Lebanese Committee of Blood Transfusion

RÉPUBLIQUE DU LIBAN
MINISTÈRE DE LA SANTÉ PUBLIQUE

Sheet number ☐☐☐ Code of establishment ☐☐ army ☐☐☐ Order number

RECIPIENT TRANSFUSION REACTION REPORT

1. PATIENT INFORMATION

1.1 - Date of birth: ..... /..... /..... 1. 2- Gender: ☐ Male ☐ Female

1.3 – History:

Pregnancy, miscarriage	☐ Yes	☐ No
Previous transfusions	☐ Yes	☐ No
History of Alloimmunization	☐ Yes	☐ No
Previous transfusion reaction	☐ Yes	☐ No

If Yes: sheet number.....

1.4 - Indications for transfusion: .....

1.5 – Place of transfusion: ☐ Surgery ☐ Medicine ☐ Gynecology ☐ other.....

2. ORDER OF EVENTS

2.1- Transfusion: Date started ..... /..... /..... Time started..... Hr..... min

2.2 – Adverse reaction: Date of occurrence ..... /..... /..... Time of occurrence..... Hr..... min

2.3 - Date of informing the Hemovigilance officer: ..... /..... /..... Date of documentation ..... /..... /.....

3. MANIFESTATIONS

3.1 – Clinical manifestations :

Pre-transfusion temperature :	..... °C	Temperature during reaction :	..... °C
Pre-transfusion blood pressure:	..../..... mmHg	BP during reaction :	..../..... mmHg
Pre-transfusion heart rate	..... b/min	HR during reaction	..... b/min

☐ Shock	☐ Cough	☐ Nausea	☐ Pruritus
☐ Chills	☐ Dyspnea	☐ Vomiting	☐ Urticaria
☐ Pain	☐ Bronchospasm	☐ Diarrhea	☐ Erythema
……	☐ Pulmonary edema		☐ Angioedema

☐ Other clinical manifestations : 1. .....

2. .....

3.2 –Laboratory results:

Hemoglobin
Pre-transfusion : ..., g/dL
Post-transfusion : ..., g/dL

Platelets
Pre-transfusion : ..... G/L
Post- transfusion : ..... G/L

• Direct Coombs positive	☐ yes	☐ No
• Hemoglobinuria	☐ yes	☐ No
• Appearance of alloantibodies	☐ yes	☐ No
• Haptoglobin level.....		
• Viral marker positivity	☐ yes	☐ No

If yes, specify: .....

Others .....

ME : Medical establishement
HR : Heart rate
BTS : Blood transfusion center
MOPH : Public health ministry
TR: transfusion reaction
LBP : Labile blood products
BP: blood pressure
N/A: not available
BPDC : blood products distribution center
PRBCs : Packed Red blood cells

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4- ADVERSE REACTION SEVERITY ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

0 : no clinical or laboratory manifestations 1: not severe 2: severe 3: imminent vital risk 4: death

5- DIAGNOSTIC ORIENTATION(S)

Considered diagnosis .....Code according to AR list: .....

Certainty of diagnosis: ☐ Possible ☐ Probable ☐ Certain ☐ N/A

6 – DELIVERY AND PRE-TRANSFUSION QUALITY CONTROL

6.1 – Delivered by

☐ BTS of ME ☐ BTS of other establishments..... Code of establishment: .....

Life Saving ☐ yes ☐ no

6.2 – **Bedside** pre-transfusion dual check and verification of patient's identity / blood group / documents and concerned blood product : ☐ yes ☐ no

6.3 – Bed side control performed by two people : ☐ yes ☐ no

Concordance between identity/group/patient/documents and product ☐ yes ☐ no

ABO compatibility for PRBCs ☐ yes ☐ no

Correct Techniques and interpretation ☐ yes ☐ no

7- TRANSFUSION TYPE ☐ Allogeneic ☐ Autologous

7.1 – Blood products used during implicated transfusion reaction.

Timetable of the Transfusions	Denomination of Product (Code and qualifications)	TR
1		
2		
3		
4		
5		
6		

For transfusion reaction incriminated products: Sampling date: ...../...../..... Donor sex ☐ M ☐ F

Time transfusion started: ..... H ..... mn

7.2 – Preventive measures ☐ yes ☐ no If yes: ……

Adverse reactions with potential risk for other recipients: ☐ yes ☐ No ☐ not known

7.3 – Suspicion of defective material ☐ yes ☐ no

8- INVESTIGATIONS AND CONCLUSION

8.1 – Further investigations

Microbiology :

- Blood culture: Patient/ product: ☐ ongoing ☐ not done ☐ negative result ☐ positive result

If patient culture positive: Bacterial identification .....☐ Responsible for reaction ☐ Contamination

If product culture positive Bacterial identification.....☐ Responsible for reaction ☐ Contamination

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Hematological investigations: ABO/Rh1 Patient: ..... ABO/ Rh1 product: .....

Pre-transfusion irregular Antibodies:.....Post-transfusion irregular antibodies:.....

Other investigations cite:.....

Other explorations:

.....

8.2 – Imputability:

☐ Not evaluated (NE) ☐ improbable - excluded (0) ☐ Possible (1) ☐ Probable (2) ☐ Certain (3)

☐ Concomitant disease that could explain the adverse effect: .....

8.3 – Final remarks and conclusions from Hemovigilance correspondents

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8.4 – Investigations

State of investigation : ☐ Ongoing ☐ Finished ☐ Not realized

Patient outcome : ☐ Complete remission ☐ Minor sequela ☐ Severe sequela ☐ Death

8.5 - Signature of correspondents

Hospital Site:

Date: ...../...../.....

Name - Surname:

Phone:

Qualification: ☐ Titular ☐ Designee

Distribution Site:

Date: ...../...../.....

Name - Surname

Phone:

Qualification: ☐ Titular ☐ Designee

An approved copy of this report must be kept in the patient's chart.

In addition, the distribution center of blood products and the medical center must keep copies of this report.

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