Transfusion Reaction Algorithm

**Immediate Management**
- Stop Transfusion
- Call a MET if necessary
- Check the blood pack, patient ID, labels and forms for discrepancies
- Inform medical staff
- Vital signs every 15 minutes until stable
- Keep IV line open with normal saline
- Do not discard blood product
- Call Transfusion Medicine Unit (TMU) on extension 834018

**Symptoms Of Acute Transfusion Reaction Include**
- Chills
- Collapse
- Flushing
- Hypo/Hypertension
- Nausea/Vomiting
- Pain – Loin, Back, Chest, IV site
- Rigors
- Tachycardia
- Unexplained bleeding e.g. haematuria
- Urticaria
- Fever
- Dysnoea

**Predominant Sign/Symptom**
- Fever T >1°C from baseline
- Urticaria
- Dyspnoea OR Hypoxia

**Observations**
- Stable Patient otherwise well
- Consider resuming transfusion at slower rate
- Anti-histamine

**Anaphylaxis**
- Anti-histamine
- Treat for Anaphylaxis

**ABO Incompatibility**
- Bacterial Contamination
- Haemolytic Transfusion Reaction

**Severe Transfusion Reaction Protocol**
(See clinical management of a severe transfusion reaction section)

**Transfusion Medicine Investigations**

**Clinical Management of a Severe Transfusion Reaction**
- Maintain Airway, Breathing, Circulation (A, B, C)
- Take down unit and giving set, return intact with any other units to the blood bank.
- Commence IV 0.9% Normal Saline Infusion
- Inform Transfusion Medicine (x 834018)
- Proceed with transfusion medicine investigation
- Monitor FBC, Urea & Electrolytes, Coagulation Profile and Haemolytic Markers (Bilirubin, LDH, DAT, Haptoglobins)
- Seek Urgent Haematologist and ICU Advice
- Monitor Urine Output – Aim >100ml/hr, consider diuretics
- If hypotensive, inotropes maybe required
- If bacterial contamination is suspected, institute broad spectrum antibiotics and blood cultures
- If DIC use appropriate blood products to correct.
- Assisted ventilation maybe required in respiratory distress.