



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

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

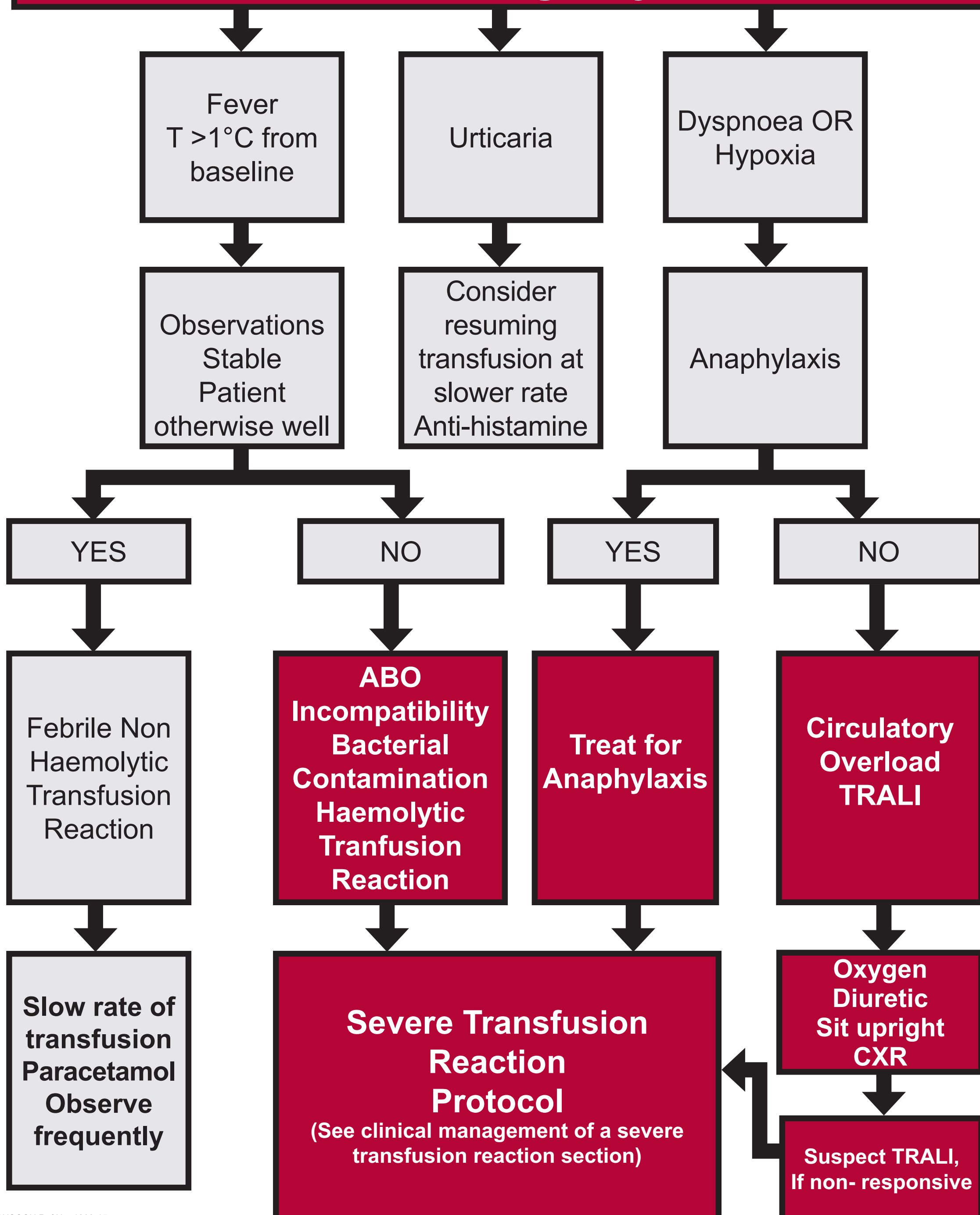
If hypotensive, inotropes maybe required

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.

Predominant Sign/Symptom



Transfusion Medicine Investigations

Transfusion Reaction Form: (Take the following and send to Transfusion Medicine)

- 1 x EDTA
- 1 x clotted

