



## Transfusion Adverse Reaction Reporting Form

Patient Identification	
<b>Name:</b>	CHCSJ <input type="checkbox"/> HKW <input type="checkbox"/> UH <input type="checkbox"/>
<b>Sex:</b>	<b>Ward:</b>
<b>Date of Birth:</b>	<b>Diagnosis:</b>
<b>Patient ID number:</b>	<b>Transfusion History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfusion Information	
<b>Transfusion Date:</b> _____ DD _____ MM _____ YY <b>Time of the transfusion started:</b> _____ <b>Time when adverse reaction detected:</b> _____ <b>The blood donation N<sup>o</sup> of the blood/components:</b> _____ ; _____ ; _____ ; _____	
<b>Type of the transfused blood product:</b> <input type="checkbox"/> RBC <input type="checkbox"/> FFP <input type="checkbox"/> Platelets <input type="checkbox"/> Cryoprecipitates	
Symptoms	
General Transfusion Reaction	Suggested Major Transfusion Reaction
<input type="checkbox"/> Fever _____ °C (>1 °C of baseline) <input type="checkbox"/> Chill <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Nausea <input type="checkbox"/> Flushing <input type="checkbox"/> Other _____	<input type="checkbox"/> Backache <input type="checkbox"/> Chest pain <input type="checkbox"/> Pain at infusion site <input type="checkbox"/> Tachycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Haematuria <input type="checkbox"/> Dyspnea <input type="checkbox"/> Seizure <input type="checkbox"/> Oliguria <input type="checkbox"/> Jaundice <input type="checkbox"/> Other <input type="checkbox"/> Bleeding tendency
Vital Signs & Management	
Pre-transfusion	Post-transfusion
<b>Temperature:</b> _____ °C	_____ °C
<b>Blood Pressure:</b> _____ mmHg	_____ mmHg
<b>Pulse:</b> _____ /Min	_____ /Min
<b>Management:</b>	
<b>Outcome</b> <input type="checkbox"/> Complete recovery <input type="checkbox"/> Recovered with complication <input type="checkbox"/> Death	

**Reporting Physician:** \_\_\_\_\_ (legible Name or label)

**Contacted Tel N<sup>o</sup>:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### Flow Chart of Management for Acute Transfusion Reaction

**Symptoms/Signs of Acute Transfusion Reaction**  
 Fever, chills, tachycardia, hyper or hypotension, collapse, rigors, flushing, urticaria, bone, muscle, chest and/or abdominal pain, shortness of breathe, oliguria, generally feeling unwell, respiratory

**Stop the transfusion and call a doctor**  
 | Measure temperature, pulse, BP, respiratory rate, O<sub>2</sub> saturation  
 | Check the identity of recipient, the details on the unit and compatibility form

