LifeShare BLOOD CENTER

Report of Transfusion Complications

This form is to be completed by a nurse or an MD

When a transfusion reaction is suspected:

1. Stop the blood transfusion immediately.
2. Immediately notify the attending physician.
3. Complete this form and submit to the LifeShare Blood Center Laboratory with the following:
   - Properly labeled blood samples: one 7 mL red top tube and one 7 mL purple top (EDTA) tube
   - Blood product container with all attached tubing, tags, and infusion fluids (if available)

Facility name: _____ **Facility location:** _____

Patient name: _____

ID number: _____ **Doctor:** _____

Patient History

1. Current diagnosis: _____
2. Previous transfusion: ☐ Yes ☐ No ☐ Unknown
3. Any pregnancies: ☐ Yes ☐ No ☐ Unknown
4. Has the patient received IV therapy or IV medications within the last 3 days? _____

   If Yes, please list: _____

   _____

Clinical symptoms (please check all that apply)

☐ Chills	☐ Hives	☐ Dyspnea
☐ Headache	☐ Itching	☐ Cyanosis
☐ Chest pain	☐ Rash	☐ Coughing
☐ Back pain	☐ Decreased BP	☐ Oozing from wound
☐ Frothy sputum	☐ Increased pulse rate	☐ Immediate post-transfusion jaundice
☐ Nausea	☐ Temperature increase (1 ºC or 2 ºF)	☐ Acute respiratory distress/pulmonary edema
☐ Vomiting	☐ Facial edema	☐ Other _____

Pre and post transfusion vital signs

	Date/time	Temperature	Blood pressure	Pulse	Respiration
Pre-transfusion					
Post-transfusion					

Transfusion details

Unit #: _____ Component: _____ Volume infused: _____mL

Start date/time: _____ Stop date/time: _____

Other transfusions within the last 24 hours (list unit number and product type): _____

Blood samples collected by: _____ Date: _____

Form completed by: _____ Date: _____