

# 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?       Yes       No  
 If yes, please list: \_\_\_\_\_

**Clinical symptoms (please check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chills        | <input type="checkbox"/> Hives                                | <input type="checkbox"/> Dyspnea                                    |
| <input type="checkbox"/> Headache      | <input type="checkbox"/> Itching                              | <input type="checkbox"/> Cyanosis                                   |
| <input type="checkbox"/> Chest pain    | <input type="checkbox"/> Rash                                 | <input type="checkbox"/> Coughing                                   |
| <input type="checkbox"/> Back pain     | <input type="checkbox"/> Decreased BP                         | <input type="checkbox"/> Oozing from wound                          |
| <input type="checkbox"/> Frothy sputum | <input type="checkbox"/> Increased pulse rate                 | <input type="checkbox"/> Immediate post-transfusion jaundice        |
| <input type="checkbox"/> Nausea        | <input type="checkbox"/> Temperature increase (1 °C or 2 °F)* | <input type="checkbox"/> Acute respiratory distress/pulmonary edema |
| <input type="checkbox"/> Vomiting      | <input type="checkbox"/> Facial edema                         | <input type="checkbox"/> 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/product type): \_\_\_\_\_

Blood samples collected by/date: \_\_\_\_\_

Form completed by/date: \_\_\_\_\_

\*If bacterial contamination is the suspected cause of the temperature increase, the facility should obtain a culture of the unit in question prior to shipment to LifeShare for the transfusion reaction workup.