



## Report of Suspected Transfusion Reaction

- Instructions**
- STOP the transfusion. Change IV tubing; keep line open with normal saline. Confirm identity of patient and component(s).
  - Notify the attending physician.
  - Collect specimen: 1 9-mL or 2 5-7 mL purple-top tubes; labeled with full name, DOB, date, time, phlebotomist's initials.
  - Complete this report. Notify designated provider to pick up specimen, transfused component with attached administration set and solutions, **unused components**, and this report.

<p><b>Affix patient registration label with full name and DOB here. Must match specimen label!</b></p>		Date:			
		Facility	Name:		
			24-hr RN Phone/ext:		
			24-hr RN Fax:		
		Patient Location:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ordering Physician:					
		Diagnosis:			
Unit identification number:	Date of reaction:	Transfusion started:	a.m. / p.m.		
	Time of reaction:	a.m. / p.m.	Transfusion stopped:		
Component:	<input type="checkbox"/> RBCs <input type="checkbox"/> Platelets <input type="checkbox"/> Plasma <input type="checkbox"/> Cryo	Approximate amount transfused:	mL		
Type of solution with unit, if any:					
Clinical signs and symptoms (check appropriate items):					
<input type="checkbox"/> Chills <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Dyspnea <input type="checkbox"/> Tachycardia <input type="checkbox"/> Chest tightness <input type="checkbox"/> Urticaria <input type="checkbox"/> Temp elevation >1°C or 2°F <input type="checkbox"/> Hemoglobinuria <input type="checkbox"/> Back pain <input type="checkbox"/> Hypoxia <input type="checkbox"/> Other:					
Vital signs		Blood Pressure	Temperature	Pulse	Respiratory Rate
	Pre-transfusion				
	Post-Transfusion				
Previous transfusion history including reactions:					
Nurse completing report:		Date:		Time:	

GCRBC Use Only: ST-Tx Patient ID \_\_\_\_\_ ST-TX Order \_\_\_\_\_