Suspected Transfusion Reactions

Reporting Reactions to Transfusion

1. If a transfusion reaction is suspected, immediately STOP the transfusion. Change the IV tubing. Keep the intravenous line open with a slow infusion of normal saline. Avoid transfusing any blood remaining in the line.

2. Check all paperwork and patient identification to confirm that the correct unit of blood was transfused to the correct patient.

3. Notify the attending physician. Treat as directed.

4. Carefully collect an EDTA (purple-top) specimen to avoid artificially induced hemolysis.

5. Properly label all specimens. See Section II: Procedure for Collecting and Labeling a Patient Specimen.

   - See Example 7.1 for an example of a properly completed form.
   - If TRALI is suspected, complete Report of Suspected Transfusion Transmitted Infection and Transfusion Related Acute Lung Injury.
   - Allergic reactions do not need to be reported. For allergic reactions, see Allergic Reactions section.

7. Request a QUICK specimen pickup.

8. Send the following immediately to GCRBC:
   - IMPORTANT! All components that have not been transfused. Additional testing is required before the remaining components can be transfused.
   - Do not transfuse any blood components until the transfusion investigation has been completed by GCRBC.
   - Completed Report of Suspected Transfusion Reaction.
   - Properly labeled blood specimens.
   - Component involved in the reaction, administration set, and attached IV solution(s) without needles. See Figure 7.1.
   - Place in a leak-proof biohazard bag.

A urine specimen is not necessary

Allergic Reactions Only

If the transfusion reaction is allergic only (urticaria, wheals):

- Pause the transfusion.
- Notify the patient’s physician. Treat as directed.
- If allergic symptoms resolve following treatment, the transfusion may be
resumed as directed by the physician and the remainder of the unit transfused.

- No further laboratory testing is necessary.
- Document this information in the patient’s chart. Pre-medication with antihistamines may avert future reactions.

**NEVER** restart a transfusion if any other symptoms are present.
Investigation

1. After the preliminary investigation, the GCRBC technologist will contact GCRBC's Medical Director/designee who will determine the need for further testing.

2. The Medical Director may request additional testing or information or may consult with the patient's physician. Other laboratory testing may include:
   - Bacterial culture of the contents of the blood bag and attached intravenous solutions.
   - Blood culture of the patient.
   - Total bilirubin, haptoglobin, hemoglobin/hematocrit, LDH, DIC screen, BUN, creatinine.

3. After Medical Director review, CR will telephone the initial interpretation to the facility and fax a preliminary report. See Example 7.2.

4. At the conclusion of the investigation, CR will send a written report to the Transfusion Facility.

FDA Notification of a Fatality

In the event of a fatal transfusion reaction, GCRBC is legally required to:
   - Notify the FDA immediately and;
   - Send a written report of the results of the investigation within seven days.

CR will notify GCRBC’s Risk Management and Quality Assurance departments who will notify the appropriate officials. The Transfusion Facility is required to cooperate with the investigation. In addition to reviewing CR’s results, the investigation may include a review of the facility’s medical record of the patient, policies, etc. by GCRBC personnel. FDA officials may wish to visit the facility.