

BLOOD TRANSFUSION REACTION INVESTIGATION										
SECTION I. INITIAL NOTIFICATION								DATE	TIME	
Upon initial notification of a possible transfusion reaction the following actions must be taken: 1. Draw a large clot tube and an EDTA tube. 2. Direct nurses to collect a urine specimen ASAP. 3. Direct the collections of serum for a bilirubin between 5 - 7 hours and 24 hours after the suspected reaction. 4. Direct the collections of urine specimens 5 - 7 hours and 24 hours after the suspected reaction. 5. Have Section II of this form completed by Nursing personnel ASAP.										
SECTION II. PATIENT IDENTIFICATION										
NAME			HOSPITAL NO.		SPONSOR SSN		DIAGNOSIS			
PHYSICIAN			BLOOD UNIT NO.		TIME STARTED		TIME COMPLETED			
AMOUNT GIVEN			TIME REACTION OCCURRED		PATIENT'S TEMP PRE-TRANS		POST-TRANSFUSION			
PATIENT'S BLOOD PRESSURE PRE-TRANS			B/P POST-TRANSFUSION		TYPE OF REACTION					
SECTION III. TEST PERFORMED IMMEDIATELY										
The following must be performed immediately. If at all possible the investigation will be completed by someone other than the technician who set up the crossmatch. If not immediately possible, the investigation will be repeated by a disinterested party as soon as practical.										
				RESULTS			TECHNICIAN			
1. Review clerical work										
2. Visual comparison of post transfusion plasma with pre-transfusion plasma specimen for hemolysis										
3. Perform direct coombs on post-transfusion specimen										
4. Perform gram stain on blood unit plasma sample and set up culture on the unit. (Gram stain results)										
5. Perform occult blood on post transfusion urine specimen										
NOTE: ATTACH ALL LABORATORY SLIPS										
If any of the results in Section III are positive, notify the laboratory Superintendent or OIC and continue with the following actions. For all reactions, other than a suspected hemolytic reaction, no further tests are required, except for Section V. For suspected hemolytic reactions, complete the tests as directed.										
SECTION IV. IMMUNOHEMATOLOGY AND CROSSMATCH RECHECK										
ABO & RH RECHECK		CELL REACTION WITH			SERUM REACTION WITH		ABO GROUP	CELL REACTION WITH		
		ANTI-A	ANTI-B	ANTI-A, B	A ₁ CELLS	B CELLS		ANTI-D	ANTI-D AHG	D-CONTROL
Pre-Transfusion										
Post-Transfusion										
DONOR										
RED CELL ANTIBODY SCREEN										
PRETRANSFUSION	CELL	SALINE/ALB			ENZYME	POSTTRANSFUSION	CELL	ALBUMIN		
		RT	37°C	AHG				RT	37°C	AHG
Date of Sample	I					I				
	II					II				
	AUTO					AUTO				
COMPATIBILITY RETEST										
PRETRANSFUSION WITH		ALBUMIN			POST TRANSFUSION WITH			ALBUMIN		
		RT	37°C	AHG				RT	37°C	AHG
DONOR					DONOR					
DONOR					DONOR					
REMARKS										