

TRANSFUSION MEDICINE INVESTIGATION OF A TRANSFUSION REACTION

ORDERING PHYSICIAN

PRACTITIONER ADMINISTERING AT THE TIME OF REACTION

TYPE OF PRODUCT TRANSFUSED & UNIT NUMBER

AMOUNT OF PRODUCT TRANSFUSED

DATE AND TIME TRANSFUSION STARTED
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DATE AND TIME TRANSFUSION STOPPED
--

TYPE OF REACTION

	CHILLS		RIGOR		DYSPNOEA		OTHER
	NAUSEA		PAIN		URTICARIA		

MEDICATION (IF ANY) GIVEN AFTER REACTION

PHYSICIAN/RN SIGNATURE

FOR LAB USE ONLY

 DATE AND TIME **POST**-TRANSFUSION REACTION SPECIMEN COLLECTED _____

 PATIENT'S **POST**-TRANSFUSION SPECIMEN NUMBER _____

 MACROSCOPIC APPEARANCE OF PATIENT'S **POST**-TRANSFUSION SERUM _____

 PATIENT'S **PRE**-TRANSFUSION SPECIMEN NUMBER _____

 MACROSCOPIC APPEARANCE OF PATIENT'S **PRE**-TRANSFUSION SERUM _____

 SERUM BILIRUBIN **POST**-TRANSFUSION TOTAL _____ umol/L DIRECT _____ umol/L

 URINALYSIS **POST**-TRANSFUSION BLOOD ___ PROTEIN ___ MICRO _____

	ABO GROUP	RH. TYPE	DIRECT ANTIGLOBULIN TEST
DONOR UNIT			
DONOR UNIT			
PRE -TRANSFUSION SPECIMEN			
POST -TRANSFUSION SPECIMEN			

PRE-TRANSFUSION		
	IS	MTS
DONOR UNIT		
DONOR UNIT		
SCREENING CELLS I		
SCREENING CELLS II		

POST-TRANSFUSION		
	IS	MTS
DONOR UNIT		
DONOR UNIT		
SCREENING CELLS I		
SCREENING CELLS II		


CONCLUSIONS _____

DATE _____
(dd/m/yyyy)
VERBAL RESULT PHONED TO _____

TECHNOLOGIST _____

TRANSFUSION MEDICINE INVESTIGATION OF A TRANSFUSION REACTION

CULTURE & SENSITIVITY RESULT		DATE AND TECH INITIALS
UNIT NUMBER:		
DAY 1		
DAY 2		
DAY 3		
DAY 4		
DAY 5		

REVIEWED BY TS/DELEGATE _____

DATE _____
(dd/mm/yyyy)