REPORT OF A SUSPECTED ADVERSE TRANSFUSION REACTION



In the event of a suspected adverse transfusion reaction, please complete this form and return it to your nearest Blood Bank along with **two post-transfusion EDTA samples** from the patient, all used and unused units, and all giving sets.

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Patient's Surname																	
First Name																	
Hospital Number																	
Date of Birth	D	D	M	M	Y	Y	Υ	Y	Hospi	tal				Ιν	Vard		
			771	771					ПОЗРІ	cut					, ar a		
b) Transfusion Details & (Clinica	il Infor	matic	on													
Transfusion started at (da																	
Blood product(s) administe	ered		-						_ Volui	ne adn	inistere	d befo	re rea	ction r	noted		
Serial number(s) of suspec	ted un	nit(s) _								_							
Was this blood product me	ant fo	or trans	sfusio	n to t	nis pat	ient?	(Cire	cle) Y	es No	(If No, ple	ase report	urgently	to the Bl	ood Banl	k as a m	isdirecte	d transf
Patient's primary diagnosis _																	
Indication for transfusion																	
To your knowledge, has th	ie patie	ent ha	d a pr	eviou	s tran	sfusion	reac	tion? _									
c) Patient Vital Signs																	
Patient weight (for neona	ital/pa	ediatr	ic cas	es): _													
Pre -transfusion					BP:			Pulse:			Temr	Temp:			O _{2 saturation:}		
15 minutes after startin	g tran:	sfusior	า		BP:			Pulse:			Temp:				O _{2 saturation:}		
Post-transfusion or terr	ninatic	on of t	ransfu	sion	BP: F			Pulse			Temp	Temp:			O _{2 saturation:}		
Pyrexia Hypotension			Facial flushing Vomiting or diarrhoea								Flank	Bronchospasm Flank pain					
Hypertension	-+			_							Dyspnoea						
Tachycardia	-		Itching (pruritis) Rash (urticaria)									naturia					
,																	
Other																	
Other Delayed adverse ever	nt I	Please	desci	ibe:													
Other Delayed adverse ever (>24 hours post transfusion)	nt I	Please	desci	ibe:													
Delayed adverse ever (>24 hours post transfusion)		Please	desci	ribe:													
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Blood Bank. Please contact the WCBS Lead Medical Consultant if you would like obtain an electronic report: Dr. Caroline Hilton | caroline@wcbs.org.za