

McLaren Print System Order

Order No: 7997
 Order Date: 2015-01-06
 User: michelle frasik
 Phone: 989-894-3813

Ship Location: mclaren bay marketing - michelle frasik
 503 mulholland ave.
 bay city, mi 48708

Brochures
 Quantity: 25
 Paragon Dept No: 91020
 Dept Name: mclaren bay marketing
 Company Number: 210

Order Total Price: 25.00

Item Number: B-14
 Item Description: Acute Transfusion Reaction Chart
 Revision Date: 1/2015
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: Finish size: 8.5 x 14; 32 lb. color copy; no bleed; with 5 mill lamination.



Acute Transfusion Reaction Chart

January 2015
 8/14

Suspected Transfusion Reaction Signs & Symptoms	Timing of Symptoms	Immediate Actions	Next Step	Further Investigations & Procedures	Possible Etiology	Incidence	
Fever ≥38°C and ↑ of at least 1°C from baseline	38°C to ≥39°C and/or other symptoms	During transfusion usually onset by 1st and 2nd	Send to TM, advance Reaction Investigation documentation	1. Consider Acute/Anaphylactic RESTART TRANSFUSION CAUTIOUSLY if product not expired (all - after from start of original transfusion) 2. Disposed with antibiotics only after two episodes	FNCR (reacts from hemolytic transfusion reactions)	Red Cells 1:80 Platelets 1:20	
	Or ≥38°C and chills, rigors, hypotension, shock, nausea, vomiting, headache	Usually within the first 15 minutes but may be later	STOP transfusion but do not disconnect product	1. Monitor vitals closely 2. DO NOT RESTART TRANSFUSION 3. Consider Acute/Anaphylactic 4. If bacterial contamination suspected, start antibiotics immediately 5. Consider Magnesium for chills/rigors 6. If bacterial contamination suspected order blood culture and urinalysis Contact transfusion medicine physician. Take into account 20 Lab reports when hemolytic suspect.	BACT (bacterial contamination)	FCU: 1:40,000 Platelets 1:1,000	
Urticaria (wheal) or Rash	Or a 38°C, chills, nausea, vomiting, pain, dizziness, tachycardia, hypotension, swelling, hemoptysis	Within 24 hours of transfusion	RUN the 0.1% saline at 100% rate as ordered for tubing	DO NOT RESTART TRANSFUSION 1. Consider Anaphylactic 2. RESTART TRANSFUSION CAUTIOUSLY if product not expired (all - after from start of original transfusion) 3. Disposed with antibiotics only after two episodes	ANTR (acute hemolytic transfusion reaction)	1:40,000	
	Or 38°C body affected and no other symptoms	During transfusion up to 2.5 hours from start	Send to TM, advance Reaction Investigation documentation	1. Consider Anaphylactic 2. RESTART TRANSFUSION CAUTIOUSLY if product not expired (all - after from start of original transfusion) 3. Disposed with antibiotics only after two episodes	None at large	1:100	
Dyspnea (SOB, ↓ O₂ sat)	Or 38°C body affected, dizziness, anxiety, chest pain, SOB, ↓ O ₂ sat, or ↓ BP	Usually early in the transfusion	Order Transfusion Reaction Investigation Send to TM Advance Reaction Investigation documentation EDTA (purple top) blood sample Offending product	1. DO NOT RESTART TRANSFUSION 2. If respiratory difficulty, activate Code Blue/Respiratory 3. DO NOT RESTART TRANSFUSION 4. Severe anaphylactic reaction and/or anaphylaxis (S1000) Adults: 1:1000-1:10000 Adults: 0.3-0.5 mL, Pediatric: 0.1-0.2 mL 5. Severe anaphylactic reaction and/or anaphylaxis (S1000) Adults: 100-1000 mL, Pediatric: 20-40 mL 6. Continuous monitoring (vitals, BP, heart, O ₂ sat) 7. May require special blood products in future consult, Transfusion Medicine Physician on call	Severe allergic Anaphylactic/Anaphylactoid	1:40,000	
	Or 38°C body affected, chest pain, SOB, ↓ O ₂ sat, or ↓ BP	Usually early in the transfusion	RE-CHECK patient ID band vs. blood bank number & blood label	Order Transfusion Reaction Investigation Send to TM Advance Reaction Investigation documentation EDTA (purple top) blood sample Offending product	1. DO NOT RESTART TRANSFUSION 2. If respiratory difficulty, activate Code Blue/Respiratory 3. Continuous monitoring (vitals, BP, heart, O ₂ sat) 4. Give diuretic (Furosemide, Lasix) place a high Fowler's if condition allows 5. Subsequent transfusions, ↓ infusion rate; 1 mg/kg/yr max 4 to bag 6. Consider premed with diuretic or between transfusions	Circulatory Overload	1:700 as low as 1:10 in elderly patients
And/or Hypotension, tachycardia, fever, chills/rigors	Cyanosis, respiratory distress	During or within 6 hours of transfusion	NOTIFY Physician/ Nurse/ Provider	Order Transfusion Reaction Investigation Send to TM Advance Reaction Investigation documentation EDTA (purple top) and red top blood samples Offending product CALL TM take start for results of chest X-ray	1. DO NOT RESTART TRANSFUSION 2. If respiratory difficulty, activate Code Blue/Respiratory 3. Continuous monitoring (vitals, BP, heart, O ₂ sat) 4. O ₂ possible intubation, ventilation or resuscitation 5. If bacterial contamination suspected - start antibiotics immediately 6. Contact transfusion medicine physician. Take into account 20 Lab reports when hemolytic suspect.	Transfusion Associated Dyspnea	Unknown
	Or 38°C body affected, chest pain, SOB, ↓ O ₂ sat, or ↓ BP	Within 6 hours of transfusion, usually within the first 15 minutes but may be later	NOTIFY Transfusion Medicine	Order Transfusion Reaction Investigation Send to TM Advance Reaction Investigation documentation EDTA (purple top) and red top blood samples Offending product CALL TM take start for results of chest X-ray	1. DO NOT RESTART TRANSFUSION 2. If respiratory difficulty, activate Code Blue/Respiratory 3. Continuous monitoring (vitals, BP, heart, O ₂ sat) 4. O ₂ possible intubation, ventilation or resuscitation 5. If bacterial contamination suspected - start antibiotics immediately 6. Contact transfusion medicine physician. Take into account 20 Lab reports when hemolytic suspect.	TNCR (transfusion related acute lung injury) Differentiate from BACT or ANTR	1:10,000 See above See above

NOTE: For additional assistance contact the Transfusion Medicine Physician/Pathologist on call