



**PAKISTAN INSTITUTE OF MEDICAL SCIENCE
BLOOD TRANSFUSION SERVICES**

Transfusion Adverse Reaction Reporting Form

Patient Identification			
Name:	PCN:		
Sex:	Ward:		
Age:	Diagnosis:		
Blood Group:	Transfusion History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Transfusion Information			
Transfusion Date: _____			
Time of the transfusion started: _____			
Time when adverse reaction detected: _____			
Detail of blood/components: _____			
Type of the transfused blood product:			
<input type="checkbox"/> RBC <input type="checkbox"/> FFP <input type="checkbox"/> Platelets <input type="checkbox"/> Cryoprecipitate			
Symptoms			
General Transfusion Reaction	Suggested Major Transfusion Reaction		
<input type="checkbox"/> Fever _____°C (>1 °C of baseline) <input type="checkbox"/> Chill <input type="checkbox"/> Itching <input type="checkbox"/> Rash <input type="checkbox"/> Nausea <input type="checkbox"/> Flushing <input type="checkbox"/> Other _____	<input type="checkbox"/> Backache <input type="checkbox"/> Chest pain <input type="checkbox"/> Pain at infusion site <input type="checkbox"/> Tachycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Hematuria <input type="checkbox"/> Dyspnea <input type="checkbox"/> Seizure <input type="checkbox"/> Oliguria <input type="checkbox"/> Jaundice <input type="checkbox"/> Other <input type="checkbox"/> Bleeding tendency		
Vital Signs & Management			
Pre-transfusion		Post-transfusion	
Temperature:	°C	Temperature:	°C
Blood Pressure:	mmHg	Blood Pressure:	mmHg
Pulse:	/Min	Pulse:	/Min
Management:			
Outcome	<input type="checkbox"/> Complete recovery	<input type="checkbox"/> Recovered with complication	
	<input type="checkbox"/> Death		

Reporting Physician: _____ (legible Name or label)

Contacted Tel No: _____

Date: _____

Please return the filled up record to the PIMS Blood Bank



Flow Chart of Management for Acute Transfusion Reaction

Symptoms/Signs of Acute Transfusion Reaction
 Fever, chills, tachycardia, hyper or hypotension, collapse, rigors, flushing, urticaria, bone, muscle, chest and/or abdominal pain, shortness of breath, oliguria, generally feeling unwell, respiratory

Stop the transfusion and call a doctor

- Measure temperature, pulse, BP, respiratory rate, O₂ saturation
- Check the identity of recipient, the details on the unit and compatibility form

