

CANADIAN BLOOD SERVICES
WINNIPEG CENTRE
777 William Ave, Winnipeg, MB R3E 3R4
TRANSFUSION REACTION INVESTIGATION

Diagnosis Acute MI

Reason for Transfusion symptomatic post op hgb = 68

Reaction Date Time
 YYYY-MM-DD HH:MM

Form Completed By
Print Name Classification Initials
Name of Physician/Authorized Health Care Provider Authorizing Investigation:
 Time HH:MM

History
Transfusions Yes <3 mo. Yes >3 mo. No Unknown
Preg. Miscarriages Yes <3 mo. Yes >3 mo. No Unknown
Immune Compromised Yes No Unknown

Premedication (i.e. antipyretics, antihistamines, etc.) No Yes
If Yes, Specify Drug(s):

Pre Transfusion Hemoglobin 68 g/L

Transfused Under Anesthesia: No Yes General Local

NEW ONSET Clinical Signs and Symptoms

<input checked="" type="checkbox"/> Chills/Rigors	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Jaundice	<input checked="" type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Urticaria	<input type="checkbox"/> Hemoglobinuria	<input type="checkbox"/> Oliguria	<input checked="" type="checkbox"/> Tachycardia/Arrhythmia
<input type="checkbox"/> Pruritus	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Severe Allergic Reaction	<input type="checkbox"/> Headache
<input type="checkbox"/> Other Skin Rash	<input checked="" type="checkbox"/> Hypotension	<input checked="" type="checkbox"/> Severe Respiratory Distress	<input type="checkbox"/> Pain: Specify <u> </u>
<input type="checkbox"/> Nausea/Vomiting	<input checked="" type="checkbox"/> Hypoxemia	<input checked="" type="checkbox"/> Shock	<input type="checkbox"/> Other <u> </u>

Reaction Type:
 Minor Major

Measures Taken

<input type="checkbox"/> Analgesics	<input checked="" type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Steroids	<input type="checkbox"/> Transfusion Stopped
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Diuretics	<input checked="" type="checkbox"/> Supplementary O2	<input type="checkbox"/> Transfusion Restarted
<input type="checkbox"/> Antihistamines	<input checked="" type="checkbox"/> ICU Required	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Patient Blood Culture Ordered
<input type="checkbox"/> Antipyretics	<input checked="" type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Other, Specify: <u> </u>	<input type="checkbox"/> Component Blood Culture Ordered

Blood Component Transfusion Reaction (E.g. Red Cells, Plasma, Platelets, Cryo)

Donor ABO/Rh	Product Type	Donation Number	Volume Given (mL)	Date/Time Started (YYYY-MM-DD HH:MM)	Date/Time Finished (YYYY-MM-DD HH:MM)	Expiry Date (YYYY-MM-DD)	Product Code #	Product Modifiers

Derivative Transfusion Reaction (E.g. Albumin, IVIG, Factor Concentrates)

Product Type	Product Name	Manufacturer	Lot #	Dose	Route (IV/IM)	Frequency	Time Started (HH:MM)	Time Finished (HH:MM)	Expiry Date (YYYY-MM-DD)

Nursing Clerical Check
Nurse 1 Print Name Date/Time (YYYY-MM-DD HH:MM)
Nurse 2 Print Name Discrepancies No Yes If Yes, Specify

Facility Blood Bank Clerical Check
Print Name Date/Time Discrepancies No Yes If Yes, Specify
 Component(s) Sent for Culture

Date / Time Received at Facility Blood Bank Sample Accession Label Sample / Req Comparison
Date / Time Received at Centre
Accessioned

Write the patient's admitting diagnosis, not "TRALI"

As much information as possible regarding reason for transfusion

Name of the doctor taking care of this patient right now

List any medication that could mask our vital signs i.e. beta blockers, antipyretics

New symptoms post transfusion

Redo the two nurse check, preferably two different nurses from the original check

PLEASE USE NAME PLATE OR ENTER
PHIN
LAST NAME
FIRST NAME
DOB YYYY-MM-DD
 Male Female

This is where the report will be sent when the investigation is complete. CBS will forward it if the patient is transferred elsewhere

Must match the sticker on the tube, same as the crossmatch

"Pre" = vital signs before the transfusion started
"Post" = the worst vital signs after the transfusion reaction started

What was done to treat the patient up to the time this form is being completed?

Stickers or written numbers from blood products. If more than four, include the last four infused

Blood bank use only

