

# Hemolytic reactions

## Acute hemolytic rxn

ABO incompatible

17-60% mortality rate

Sx- Fever, nausea, chills, hypotension, tachycardia, flank pain, restlessness

Dx- Red plasma, red urine- due to DIC

**DCA-+**

Tx- Stop transfusion, fluids to keep urine output

## Delayed hemolytic rxn

Rapid extra vascular clearance. 5-10 days after transfusion with fever and jaundice

Dx- Inc LDL, retic count, unconj bili, Decreasing haptoglobin

Usually assoc with a new alloantibody

Tx- Supportive care

## Non-Hemolytic Febrile transfusion rxn

Inc in temp at end of transfusion

2 causes-- cytokines from donor leukocytes

Host antibodies against donor antigens

Sx-FEVER

Tx- Stop transfusion

! DCA Should be negative. If positive then acute hemolytic rxn

Give Tylenol and/or steroids for fever

Now giving leukopore transfusions with filters at bedside

TRALI- due to donor anti leukocyte antibodies, causing aggregates that get trapped in the Pulm circulation causing local alveoli tis, shunting etc

Tx- supportive care, diuretics may worsen causing greater aggregation.