

Close monitoring of patient for first 15 minutes and at least hourly thereafter. Local policies and guidelines may be applied.

In event of adverse reaction,

1. STOP transfusion immediately. Maintain IV access
2. Check vital signs

3. Repeat all clerical and identity checks of the patient and blood product at the bedside
4. Assess clinically for major signs and symptoms



Fever
- More than 38°C or 1°C above baseline

Allergic reactions
- pruritis, urticaria

Dyspnoea

Hypotension

Mild

No other S&S

FNHTR

Moderate to severe

Any other S&S
- pain or discomfort
- dyspnoea
- hypotension

**AHTR
Bacterial
Contamination
TRALI**

Mild

Skin manifestations
only
No other S&S

**Mild allergic
transfusion
reaction**

Moderate to severe

Any other S&S
- dyspnoea/stridor
- hypotension
- extensive rash

**Severe allergic
transfusion reaction
Anaphylaxis**

May be associated with
fever
or hypotension

**TRALI, TACO,
TAD, AHTR (esp. if with fever)
Severe allergic transfusion
reactions**

May be associated with
fever, rash or stridor

**Anaphylaxis
Bacterial Contamination, AHTR
(esp. if with fever)**

S&S: Signs and symptoms
BB: Blood bank
C&S: Culture and sensitivity
CBC: Complete blood count
ABG: Arterial blood gases
CXR: Chest x-ray

FNHTR: Febrile non-haemolytic transfusion
reaction
AHTR: Acute haemolytic transfusion reaction
TRALI: Transfusion related acute lung injury
TACO: Transfusion associated circulatory
overload
TAD: Transfusion associated dyspnoea

BB investigations
Blood C&S
CBC, ABG, biochemical tests,
coagulation tests
CXR (if dyspnoea or O₂
desaturation)

BB investigations

BB investigations,
CBC, biochemical tests,
coagulation tests
CXR
ABG

BB investigations,
CBC, biochemical tests,
coagulation tests
Blood C&S

Antipyretics

Circulatory and
respiratory support
IV antibiotics (if bacterial
contamination suspected)

Antihistamines
(iv. or oral)

Antihistamines
Corticosteroids
Epinephrine (im. or iv.)

Respiratory support
Diuretics (if TACO suspected)

Epinephrine (sc. or im.)
Antihistamines, corticosteroids
Circulatory support

If improved and
stable, restart
transfusion
at slower rate
and monitor closely.

Discontinue transfusion.
Return blood bag
with blood administration set.
Send patient blood
samples for lab
investigations.



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Report all transfusion adverse events to the transfusion laboratory (suggested reporting format as in Appendix), together with required samples for BB investigations (ABO/Rh grouping, antibody screening, DAT, crossmatching etc.)