# INVL 015 02

**(Relates to INVG 001)**

# Suspected Transfusion Reaction Guidance and Flowchart

**Please use this leaflet in conjunction with page 4 of the National Transfusion Record (Clinical Flow chart for the management of acute transfusion reactions)**

NB. **Mild** reactions do not require reporting to the lab or DATIX

**Suspected Moderate/Severe** Transfusion reactions

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Clinical area to contact NHSH Haematology SAS/consultant via switchboard and determine if the reaction is transfusion related. Once agreed, contact the BTS laboratory on 4216/4121 or page 5081 OOH.

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BTS Laboratory will send NATF 1263 to clinical area, who complete **sections A & B**. Haematology SAS/Consultant will advise on the investigations required.

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Haematology SAS/Consultant inform BTS laboratory which **investigations are required**, and the **type of transfusion reaction** suspected.

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Clinical area return NATF 1263 to BTS laboratory together with the **relevant samples** and **used blood pack (if required)** as soon as possible, to initiate timely investigation.

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Clinical area report reaction via **DATIX** reporting system.

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Cases of **suspected bacterial contamination** should be discussed with SNBTS medic and decision to initiate recall jointly made with Haematology SAS/Consultant. SNBTS medic completes **Section C**

All other Moderate – Severe **transfusion related adverse reactions** require reporting to Serious Hazards of Transfusion (SHOT) via the Transfusion Practitioner / Hospital Transfusion Team

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Clinical area and Haematology team liaise with Transfusion Practitioner / Hospital Transfusion Team to carry out investigation and submit SHOT report.