

Record of Initial Medical Discussion of Possible Transfusion Reaction

Name of Haematologist

Name of Patient

DOB

CHI Number

Location/Hospital

Patient's consultant

Date/Time of Suspected Reaction

Date/Time of Discussion with medic

Name/Grade of Ward Person discussing reaction

Implicated product RBC Platelets FFP Cryo

Description of events

Likely diagnosis

Definite Probable Possible Unlikely Reaction - **(Please tick)**

Advice Given to Ward Staff

Return unit to blood bank
(with giving set + reaction form)

Return additional unused units

Complete traceability tags

Monitor patient

Document episode in notes

FBC U+Es LFTs LDH Hapto

XM/DAGT

Serum for bloodbank investigation

Coag Blood cultures

Urinalysis Haemoglobinuria

Anti HLA Ab

Anti HPA Ab

IgA concentration

Anti IgA concentration

Mast cell tryptase

Name of Transfusion BMS discussed with

Discussed with Haem consultant Yes Dr No (please tick)

Please send/ fax/email (preferred option) this form to the local Transfusion Practitioner

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