

Transfusion Reaction Guide

dDx	Symptom
Mild urticarial reaction	Hives only

- Stop transfusion; do not disconnect unit
- Complete PSBC reaction form
- Not necessary to send samples; check policy

Immediate Action
<ul style="list-style-type: none"> • Obtain orders for antihistamine • If reaction resolves, may restart transfusion at slower rate • Observe every 15 minutes • Request premed with antihistamine, if history of prior allergic reactions

Febrile non-hemolytic reaction Acute hemolytic reaction Sepsis Unrelated to transfusion	Fever $\geq 38^{\circ}\text{C}$, fever with $\geq 1^{\circ}\text{C}$ rise or chills
	Fever with $\geq 2^{\circ}\text{C}$ rise, or fever + symptoms of dyspnea, hypotension, tachycardia, chest/back pain or tightness, N/V, rigors, or feeling of impending doom
	Dyspnea, fever, hypotension
Allergic reaction TRALI * Volume overload	Dyspnea, wheezes, angioedema, hypotension
	Stridor, hypotension, airway compromise, hypoxia
	Dyspnea, hypertension, tachycardia, edema

- Stop transfusion. Do not discard unit or infusion set.
- Maintain IV access
- Notify patient's MD
- Monitor vital signs frequently
- Complete PSBC reaction form
- Perform clerical check (patient ID & blood bag label)
- Draw 1 to 2 EDTA tubes (per policy) and send STAT to lab with PSBC reaction form
- Obtain urine sample and send red/dark urine to lab
- Send blood bag, infusion set and attached IV fluids with reaction form and samples

<ul style="list-style-type: none"> • Do not restart transfusion • Observe closely • Request order for acetaminophen for fever, meperidine for chills • In recurrently febrile patient, consider transfusing when afebrile or premedication with acetaminophen
<ul style="list-style-type: none"> • Do not restart transfusion • Request order for acetaminophen for fever, meperidine for chills • Consider drawing blood cultures on patient, antibiotics
<ul style="list-style-type: none"> • Do not restart transfusion • Continuous monitoring, including pulse oximetry • Request orders for CXR, antibiotics, blood cultures
<ul style="list-style-type: none"> • Do not restart transfusion • Continuous monitoring, including pulse oximetry • Request orders for normal saline IV, antihistamines • Request premed with antihistamine, if history of prior allergic reactions
<ul style="list-style-type: none"> • Do not restart transfusion • Continuous monitoring, including pulse oximetry • Treat as anaphylaxis • Call code blue if warranted
<ul style="list-style-type: none"> • Do not restart transfusion • Continuous monitoring, including pulse oximetry • Supplemental oxygen, if warranted • Request orders for CXR, diuretic