The Royal Melbourne Hospital 9342 7275

Melbourne Health Pathology
Transfusion Medicine Service

THE ROYAL MELBOURNE HOSPITAL

TRANSFUSION RELATED ADVERSE EVENT FORM

Ward: ____________________

SURNAME | URN
GIVEN NAME | DOB | SEX
ADDRESS
SUBURB | POSTCODE | TELEPHONE

IF ANY OF THE FOLLOWING SIGNS / SYMPTOMS OCCUR
STOP THE TRANSFUSION AND CONTACT
THE CLINICIAN AND / TRANSFUSION LABORATORY

Transfusion reactions

Minor
☐ Fever
☐ Chills
☐ Urticaria
☐ Nausea / Vomiting

Major
☐ Tachycardia
☐ Hypotension
☐ Hypoxia
☐ Chest pain
☐ Rigors
☐ Lumbar pain
☐ IV site pain
☐ Bleeding
☐ Haemoglobinuria
☐ Other

Transportation / Administration errors
☐ Product lost / Damaged in transport to ward
☐ Wrong unit signed off as having been given
☐ Incorrect use of giving set or filter
☐ Incorrect rate of infusion
☐ Transfusion record lost / Not completed
☐ Patient ID band missing or incorrect

TRANSFUSION REACTION REPORT: INCIDENT MUST BE REPORTED ON RISKMAN INCIDENT #..........................

Reported by:
Print surname: ○ RN ○ MO Extension / Pager: Date: / / 

Admission diagnosis: .................................................................

Date and Time transfusion stopped: Date: / / ............

Product: .................................................. Donation number: .................................................................

Volume of implicated unit transfused: ............................................ Was implicated unit continued: ○ Yes ○ No

Clinical Reaction –
Do bedside clerical check [please tick]

Patient ID correct: ○ Yes ○ No Blood Unit correct: ○ Yes ○ No Transfusion report INV/H correct: ○ Yes ○ No

History of previous transfusion reaction: ○ Yes ○ No - If Yes specify: .................................................................

Brief description of adverse event [Person caring for patient to complete]:
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Immediate action taken and treatment / medication given:
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Clinical Outcome: Recovered? ○ Yes ○ No - If No specify: .................................................................

This original should be sent to transfusion laboratory and a photocopy will be taken & filed in the patient’s history.
REQUEST FORM

Specimens [send to Blood Bank ASAP]
- Plain serum tube (No Gel)
- EDTA TUBE – 10mL [Group and Screen]
- Blood cultures if appropriate
- Spot urine, immediate and 4 hour post reaction [urinary haemoglobin]
- Return all blood packs [transfused or not] with IV giving set to the transfusion laboratory

Test requested: [NEW Group and Screen is required as the previous G&S is no longer valid] .................................

Requesting clinician to complete:
Print Surname:…………………… Signed:……………………………… Date: / / Ext / Pager / Mobile:………………

Person drawing blood [purple topped tube] to complete:
I certify that I collected the blood samples accompanying this request from the patient named above, and that I confirmed the identity of this patient by direct inquiry and / or inspection of wristband; and immediately following collection, I labelled the specimen(s) with their given name, surname, UR number, date, time and verified this with my signature.

Signed:……………………………………. Surname: [print]………………………………………. Ward / Location…………….
Date Collected……………………………. Time Collected……………………..

Laboratory Use Only

Was Transfusion Laboratory Haematology Registrar contacted? [ ] Yes [ ] No
Name of person contacted ........................................................................................................................................
Advice given: ...............................................................................................................................................................

Nature of adverse event: please tick as appropriate
- Incorrect blood component transfused [e.g. ABO incompatible unit, special requirements not met (irradiated, CMV-seronegative)]
- Wrong blood component requested / supplied [e.g. special requirements not met, blood intended for another pt]
- Patient identification error [e.g. pt ID not verified prior to commencing transfusion, absence of pt. ID band etc.]
- Labelling error [e.g. blood pack labelled for another pt, labels on front and back of blood pack do not match]
- Blood component handling error [e.g. stored at incorrect temperature, left out of fridge, transported incorrectly etc.]
- Patient / Documentation factors [e.g. IV access, patient refused unit after collected for transfusion, patient condition deteriorated, IV orders not written, unable to transfuse due to other circumstance, details on request slip incorrect]
- Wrong blood in tube [WBIT] [samples taken from wrong patient but labelled as per intended pt, sample taken from intended pt but labelled as per another pt, mismatch between paperwork and specimen]
- Staff error [e.g. failure to follow policy, mistake in checking procedure etc…]
- Other

Completed by: Medical Staff / Laboratory Staff [please specify]

Case reviewed by Consultant Haematologist / Haematology Registrar

Comments / Final diagnosis / outcome:
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Further review required? [ ] Yes [ ] No

Case reviewed by Melbourne Health Transfusion Committee? [ ] Yes [ ] No

Event reported to:
- RiskMan
- STIR
- Sentinel Event – DoH Victoria