

Hospital Use Only.
**Do not submit
 patient identifiers
 to MVRBC**

Mississippi Valley Regional Blood Center
Transfusion Reaction and Adverse Event Report Form: *information used
 to initiate investigation of donors and component processing by MVRBC Medical Director*

Fax completed form to: MVRBC: Attn: Quality 563-359-8603

Section A: Supporting information

Transfusion Date: _____ Date/Time reaction occurred: ___/___/___; ___:___ a.m. / p.m.

Patient ID #: _____ Gender: M F Age: _____ Prior transfusion: Y N

Prior pregnancies: Y N If yes, how many: _____ 2nd ID of patient and units correct: Y N

Underlying disease(s): _____

Pre-transfusion VS: BP _____ Pulse _____ Temp _____ RR _____ SaO₂ _____ %

VS @ time of reaction: BP _____ Pulse _____ Temp _____ RR _____ SaO₂ _____ %

Hospital: _____ Contact Name: _____

Contact phone and e-mail: _____

Signs and symptoms if present (check those that apply)

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Fever >1° C	<input type="checkbox"/> Hypotension or significant decrease in BP	<input type="checkbox"/> Shock
<input type="checkbox"/> Back pain	<input type="checkbox"/> Flushing	<input type="checkbox"/> Pain at IV site	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Rash
<input type="checkbox"/> Chills/Rigors	<input type="checkbox"/> Hemoglobinuria/ Dark Urine	<input type="checkbox"/> Bleeding from puncture sites	<input type="checkbox"/> Urticaria
<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Red plasma	<input type="checkbox"/> Oliguria/anuria	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diffuse Hemorrhage	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> O2 Sat	<input type="checkbox"/> X-Ray		

List MVRBC components suspected

Unit No.	Component	Blood Type	Unit No.	Component	Blood Type

Laboratory results (provide those that are relevant to the event)

Pre-transfusion		Post-transfusion	
Blood type		Blood type	
Antigen phenotype		Antigen phenotype	
Antibody		Antibody	
Hemoglobin		Hemoglobin	
WBC		WBC	
Platelets		Platelets	
Bilirubin (direct/indirect)		Bilirubin (direct/indirect)	
LDH		LDH	
Reticulocytes		Reticulocytes	
BUN/Creatinine		BUN/Creatinine	
Other		Other	
Blood culture		Blood culture	

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Section B: Suspected adverse event (check those that apply)

<input type="checkbox"/> Acute hemolytic reaction <input type="checkbox"/> Delayed hemolytic reaction <input type="checkbox"/> Febrile nonhemolytic reaction <input type="checkbox"/> Allergic or anaphylactic reaction <input type="checkbox"/> Transfusion-associated bacterial sepsis	<input type="checkbox"/> Acute lung injury (TRALI) (go to section C) <input type="checkbox"/> Circulatory overload (TACO) (go to section C) <input type="checkbox"/> Graft-vs.-host disease (TAGVHD) <input type="checkbox"/> Post-transfusion purpura
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Transfusion-associated infection suspected (check the agent)

<input type="checkbox"/> Hepatitis C Virus (HCV) <input type="checkbox"/> Hepatitis B Virus (HBV) <input type="checkbox"/> Human Immunodeficiency Virus (HIV 1/2) <input type="checkbox"/> West Nile Virus (WNV) <input type="checkbox"/> Human T-Lymphotropic Retrovirus (HTLV I/II) <input type="checkbox"/> Cytomegalovirus (CMV)	<input type="checkbox"/> Cytomegalovirus (CMV) <input type="checkbox"/> Babesiosis <input type="checkbox"/> Malaria <input type="checkbox"/> Chagas Disease (Trypanosoma cruzi) <input type="checkbox"/> Syphilis <input type="checkbox"/> Other (specify agent): _____
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For suspected transfusion transmitted infection specify both screening and confirmatory diagnostic test results supporting that suspicion

Pre-transfusion	Post-transfusion

Section C: For TRALI and TACO reports (circle Y or N)

Y	N	Acute onset	Y	N	Diagnosis of congestive heart failure
Y	N	Onset within 6 h of transfusion	Y	N	Cardiomegaly on chest x-ray
Y	N	PaO ₂ /FIO ₂ <300	Y	N	Elevated B-natriuretic peptide
Y	N	O ₂ sat <90%	Y	N	Elevated pulmonary capillary wedge pressure
Y	N	Required new mech. ventilator	Y	N	Low ejection fraction at cath. or on echo

Send chest x-ray reports (patient identifiers obscured) for suspect TRALI & TACO.

Risk factors for acute lung injury present in the patient before transfusion (circle Y or N)

Y	N	Aspiration	Y	N	Shock
Y	N	Preexisting pneumonia	Y	N	Multiple trauma
Y	N	Toxic inhalation	Y	N	Burn injury
Y	N	Lung contusion	Y	N	Pancreatitis
Y	N	Near drowning	Y	N	Cardiopulmonary bypass
Y	N	Severe sepsis	Y	N	Drug overdose

MVRBC EVP Medical Affairs Comments: _____

MVRBC EVP Medical Affairs: _____ Date: ___/___/___