

**Transfusion Related Adverse Events Report Form
Associated Document of Blood Transfusion Policy (C0160)**

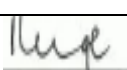
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|--|---|
| SharePoint Location | Clinical Policies and Guidelines |
| SharePoint Index Directory | General Policies and Guidelines |
| Year and Version Number | 2019 Version 10 |
| Central index number on share point | Associated document of C0160 |
| Ratifying Committee | Quality Governance Operational Committee |
| Date Ratified | 8/08/2019 |
| Approval Committee | Hospital Transfusion Committee |
| Date Approved | 18/09/2019 |
| Name of author and job title | Kaye Bowen & Andy King Venables Transfusion Practitioners |
| Key words (for search purposes) | Blood Transfusion |
| Date published on intranet | 20/09/2019 |
| Review date | 08/08/2022 |
| Target audience | All staff involved in the transfusion of blood and blood components |

Transfusion Related Adverse Events Report Form

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|--|------------------------------|--|-----|
| Contact Numbers | | | |
| PCH Transfusion Laboratory Tel 8451/2 Bleep 1151 (out of hours) | | | |
| Hinchingsbrooke Transfusion Laboratory Tel 6157 (bleep 1257 out of hours) | | | |
| On call haematologist:- bleep via switchboard | | | |
| Transfusion Practitioners:- PCH 8422 bleep 1256 Hinchingsbrooke 6343 Bleep 2193 | | | |
| Specimens required in the event of a moderate/severe transfusion reaction | | | |
| Please send to transfusion immediately with a Transfusion Reaction Investigation request form | | | |
| <input type="checkbox"/> 7.5 mL EDTA blood sample | <input type="checkbox"/> FBC | <input type="checkbox"/> Remains of all donor bags | |
| <input type="checkbox"/> Blood Cultures (if sepsis suspected) | <input type="checkbox"/> U&E | <input type="checkbox"/> Coagulation screen | |
| <input type="checkbox"/> First urine post reaction | <input type="checkbox"/> LFT | <input type="checkbox"/> LDH, Reticulocytes | |
| On advice of Consultant Haematologist only IgA and serial mast cell tryptase at time 0, 3h,24h (plain tube) | | | |
| Patient Details | | | |
| Surname | | D.O.B | |
| Forename | | Hospital Number | |
| Ward/area | | Consultant | |
| Please indicate any symptoms which are present | | | |
| Temperature:- Baseline = | | Hyper/ hypotension: Baseline= | |
| At time of reaction = °C | | At time of reaction = | |
| Rigors | Y/N | Lumbar pain | Y/N |
| Tachycardia | Y/N pulse= | Soft Tissue swelling | Y/N |
| Urticaria | Y/N | Vomiting | Y/N |
| Shortness of breath | Y/N O2 sats = | Respiratory rate = | |
| <i>If Transfusion Associated Circulatory Overload (TACO) or Transfusion Related Acute Lung Injury (TRALI) suspected, arrange Chest X Ray and notify Transfusion immediately</i> | | | |
| Other <i>(please record details)</i> | | | |
| Transfusion Details- Component being transfused at time of adverse reaction | | | |
| Unit Number | | Type of product | |
| Date & Time product collected from blood bank | | | |
| Date & Time transfusion commenced | | | |
| Date & Time of onset of symptoms | | Volume transfused = mls | |
| Form completed by: - Name.....Signature..... | | | |
| Date completed:.....Time Completed..... | | | |
| Telephone/bleep number..... | | | |
| Please confirm that a DATIX has been completed- DATIX event number..... | | | |

| | | Y/N/n/a | COMMENTS (where necessary) |
|----------|--|---------------------|----------------------------|
| 1 | Title of document Transfusion Related Adverse Events Report Form Associated Document of Blood Transfusion Policy (C1060) | | |
| 2 | Type of document (e.g. policy, guidance) | Associated Document | |
| | Is it clear whether the document is a policy, guideline, procedure? | Yes | |
| 3 | Introduction | | |
| | Are reasons for the development of the document clearly stated? | Yes | |
| 4 | Content | | |
| | Is there a standard front cover? | Yes | |
| | Are the key points identified? (Policies only) | n/a | |
| | Is the document in the correct format? | Yes | |
| | Is the purpose of the document clear? | Yes | |
| | Is the scope clearly stated? | n/a | |
| | Are the definitions clearly explained? | n/a | |
| | Are the roles and responsibilities clearly explained? (policies only) | n/a | |
| 5 | Evidence Base | | |
| | Is the type of evidence to support the document explicitly identified? | Yes | |
| | Are key references cited? | Yes | |
| | Are associated documents referenced? | Yes | |
| 6 | Approval Route | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| 7 | Process to Monitor Compliance and Effectiveness (policies only) | | |
| | Are there measurable standards or KPIs to support the monitoring of compliance with the effectiveness of the document? | Yes | |
| 8 | Review Date | | |
| | Is the review date identified? | Yes | |
| 9 | Equality and Diversity (policies only) | | |
| | Is a completed Equality Impact Assessment attached? | n/a | |

If answers to any of the above questions is 'no', then this document is not ready for ratification, it needs further review.

| Compliance Team: | | | |
|--|---|--|----------|
| 1. | Date of Compliance Team approval | 13/09/2019 | |
| 2. | Comments to author for any amendments | | |
| 3. | Name of compliance lead | Stanley Balachander, Quality Governance and Policies Administrator | |
| Approval Committee: Hospital Transfusion Committee | | | |
| If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible. | | | |
| Name | LINGNADWA | Date | 18/9/19. |
| Signature |  | | |
| Ratifying Committee: Quality Governance Operational Committee | | | |
| If the committee/group is happy to ratify this document would the chair please sign below and send the document and the minutes from the ratifying committee to the author. To aid distribution all documentation should be sent electronically wherever possible. | | | |
| Name | KANCHAN REGE | Date | 8.8.19. |
| Signature |  | | |