

# ACUTE TRANSFUSION REACTIONS

PATIENT HAS SIGNS AND SYMPTOMS SUGGESTIVE  
OF POTENTIAL TRANSFUSION REACTION



**Assess:** rapid clinical assessment

**Check:** confirm patient ID band matches blood swing label details

**Inspect:** visual check of unit for turbidity, clots or abnormal appearance

**Talk with the Patient:** establish status, inform and comfort

Recognise. Respond. Report.



# Are Symptoms Life Threatening?

YES

Severe or Life threatening

CALL for urgent help  
INITIATE Resuscitation  
according to symptoms  
and medical directives

**Disconnect IV** set & unit. Do not discard  
**Maintain IV** access (new IV set)  
**Administer** IVF and/or O<sub>2</sub> – if indicated

**Monitor** vital signs q5-15 mins

**Treat & Manage** symptoms. Do **not** restart unit

**Investigate:** blood tests for Blood Bank (BB)  
& pathology

**Notify:** return unit & IV set to BB with NZBS form

**Document** event in clinical notes

NO

Inform MO & seek prompt help

Moderate  
Reaction

Mild Reaction  
temp only, > 38°C but  
< 1.5°C from baseline or  
isolated rash only

**Treat & Manage** symptoms

Consider restart of unit if  
patient is stable

Increase frequency of  
patient monitoring

Notify BB but no blood  
tests or return of IV set/  
unit required

Document event in notes

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