

Transfusing Facility: _____ Date of Transfusion: _____

Patient Name: _____ DOB: _____
 (Last Name) (First Name) (Middle Name)

Patient M.R.N.: _____

Blood Component Transfused: _____

Unit #: _____

Symptoms	Immediate	Delayed	Symptoms	Immediate	Delayed
Elevated Temperature			Pain		
Change in BP			Rash		
Restlessness			Pruritus		
Chills			Shock		
Delirium			Jaundice		
Dyspnea			Petechiae		
Nausea/Vomiting			Hematuria		

Other (describe): _____

If Transfusion Reaction Occurred

- Stop transfusion immediately.
- Full Unit Transfused
- Portion Transfused Time stopped: _____ Amount Transfused: _____
- Notify patient's physician. Date: _____ Time: _____
- Notify LifeStream (Phone: 909-386-6858). Date: _____ Time: _____
- Check for clerical error.
- If indicated, draw post-transfusion specimens immediately (two 6 mL EDTA).
Label tubes "Post-Transfusion Specimen."
Post-Transfusion Sample Drawn: Date: _____ Time: _____ By: _____
- Complete and return a copy of this form, Transfusion Record, the post-transfusion specimens, infusion set, and the blood bag to LifeStream immediately.
- Follow your protocol for transfusion reaction investigation (e.g. collect urine samples, check hemoglobin).
- If indicated, arrange for emergency medical transportation to the acute care facility.
- Medications or Treatment: _____

FOR REFERENCE LABORATORY USE ONLY

Notify LifeStream Medical Director

Comments:

Called to: _____ Name/Date/Time: _____

Date/Initials