

Patient Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Patient M.R.N.: \_\_\_\_\_ DOB: \_\_\_\_\_

Transfusing Facility: \_\_\_\_\_ Date of Transfusion: \_\_\_\_\_

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.              Called to: \_\_\_\_\_      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Notify LifeStream (Phone: 909-386-6858).      Called to: \_\_\_\_\_      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- Check for clerical error.
- Draw post-transfusion specimens immediately (two 6 mL EDTA).  
     Label tubes "Post-Transfusion Specimen."  
     Post-Transfusion Sample Drawn: \_\_\_\_\_      By: \_\_\_\_\_      Date: \_\_\_\_\_      Time: \_\_\_\_\_
- 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.
- Action Taken: \_\_\_\_\_

Form filled by (Print name): \_\_\_\_\_ Date/Time: \_\_\_\_\_

**FOR REFERENCE LABORATORY USE ONLY**

Notify LifeStream Medical Director

Comments:

Called to: \_\_\_\_\_ Name/Date/Time: \_\_\_\_\_