THE UNIVERSITY HOSPITAL
CINCINNAI, OHIO 45219

BLOOD PRODUCT INFUSION RECORD—
MASSIVE / OR

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Common Characteristics of Transfusion Reactions

Listed below are descriptions of common characteristics of transfusion reaction types. The lists are not all-inclusive, nor do all reactions show all of their component characteristics.

Hemolytic, immediate:
 Begins at or within minutes of the time of the transfusion, often during the transfusion. Symptoms may include initial fever and chills followed by red urine, vague back pain, chest pain, drop in blood pressure, shortness of breath, decreased urine output, disseminated intravascular coagulopathy (DIC), pain along the infusion vein, oozing from the infusion site, a feeling of impending doom, and may result in shock and/or death.

TRALI:
 Transfusion Related Acute Lung Injury (TRALI): Begins within 6 hours of the transfusion. Symptoms include decreased blood pressure, shortness of breath, cyanosis and fever. The patient may need mechanical ventilation or increased oxygen % for adequate ventilation. A chest X-ray should be ordered. With TRALI, it will show pulmonary edema/infiltrates with or without increased heart size.

Febrile non-hemolytic:
 May begin at the time of transfusion or within 1 hour post-transfusion. An at least 2° F (1° C) increase in temperature above baseline is required for diagnosis. Symptoms which may occur without fever include chills, rigors, headache and vomiting. If the patient is acutely ill, do not assume that an increase in temperature is part of the disease process.

Non-febrile, non-hemolytic:
 (Allergic)
 Begins at the time of transfusion. Symptoms most commonly include itching and hives (urticaria), without a change in vital signs. Erythema (redness), edema (swelling), and headache may also be present. More serious reactions include symptoms of fluid overload including congestive heart failure, shortness of breath, hypertension and anaphylactic shock.

Bacterial Contamination:
 Chills, rigors, marked fever (>39°F), hypotension, nausea, vomiting, diarrhea, headache or shock due to bacterial contamination may occur, with severe, life-threatening symptoms similar to the above paragraph, and also anxiety, nausea, flushing with dry warm skin, diarrhea, abdominal cramps, loss of consciousness, laryngeal or pharyngeal edema, bronchospasm, shock and/or death.

Hemolytic, delayed:
 Usually begins within days to two weeks of the transfusion, but symptoms may evolve gradually. Symptoms include fever, jaundice/icterus (yellow skin/sclerae, respectively), decreased hemoglobin or hematocrit, increased bilirubin, weakness, pallor, hemoglobinuria, and splenomegaly. Direct and indirect Coomb's tests will show an antibody that was not evident prior to the transfusion, or is increased in titer.

Note: If you suspect that any undesirable or unexpected effect due or likely to be due to the administration of blood components has occurred, a transfusion reaction investigation should be initiated.