Reaction after Transfusion
- Fever
- Chills
- Tachycardia
- Hyper/hypotension
- Rigors
- Red urine
- Chest / abdominal pain
- Shortness of breath
- Nausea
- Respiratory distress

Acute Monitoring
Check vital signs
Check patient identity and labels on blood

ABO Incompatibility
(Fever, chills, back pain, red urine)
- Stop transfusion
- Return blood and tubing to blood bank with forms
- Administer IVF to maintain UOP at 1ml/kg/hr
- Consider fibrinogen, CBC, PT/PTT, UA, haptoglobin and DIC therapy as appropriate

Suspected ABO Incompatibility?

No

Severe Allergic Reaction
(Bronchospasm, angioedema, abdominal cramps, hypotension)
- Stop transfusion
- Return blood and tubing to blood bank with forms
- Give diphenhydramine 12.5mg IV
- Consider Solumedrol
- Administer supplemental O₂
- Administer albuterol / IM epi as appropriate
- Airway management

Yes

Severe Allergic Reaction?

No

Bacterial Contamination
(Fever, chills, platelet transfusion)
- Stop transfusion
- Return blood and tubing to blood bank with forms
- Draw BCX2, repeat T&C, CBC, EP1, UA
- Administer IVF to maintain UOP at 1ml/kg/hr
- Broad spectrum antibiotics
- Supportive therapy

Bacterial Contamination?

No

Acute dyspnea / hypotension?

Yes

NOTE: A common benign reaction to transfusion is Febrile Non-hemolytic Transfusion Reaction. It occurs after 1-6 hours, and causes fever and dyspnea, but no hemolysis. Treat with acetaminophen or Benadryl.

There is no way to clinically distinguish a febrile non-hemolytic reaction (not life-threatening) from an acute hemolytic reaction/ABO incompatibility (high mortality)

No

NOTE: Transfusion Related Acute Lung Injury (TRALI)
- Stop transfusion
- Return blood and tubing to blood bank with forms
- 100% O₂
- Airway Management

TACO
(Transfusion Associated Circulatory Overload)
- Stop transfusion
- Supplemental O₂
- Treat as Circulatory Overload

High CVP / PCWP?

Yes

No