

Patient exhibiting possible features of an acute transfusion reaction which may include:
Fever, chills, rigors, tachycardia, hyper- or hypotension, collapse, flushing, urticarial, pain (bone, muscle, chest, abdominal), respiratory distress, nausea, general malaise

SUSPEND the transfusion – undertake rapid clinical assessment, check patient ID/blood compatibility label, visually assess unit.
Evidence of: Life-threatening Airway and/or Breathing and/or Circulatory problems and/or wrong blood given and/or evidence of contaminated unit

YES – STOP THE TRANSFUSION

No – suspend transfusion and contact medical staff to assess patient

SEVERE/LIFE THREATENING

- Call for urgent medical help initiate resuscitation – ABC
- Is haemorrhage likely to be causing hypotension? If not-discontinue transfusion (do not discard implicated unit(s))
- Monitor patient e.g. TPR, BP, urinary output, oxygen saturations
- Contact Consultant Haematologist
- Maintain venous access

MODERATE

- Temperature $\geq 39^{\circ}\text{C}$ or rise $\geq 2^{\circ}\text{C}$ and/or
- Other symptoms/signs apart from pruritus/rash
- Medical staff to discuss with senior on call cover and consider contacting Consultant Haematologist

MILD

- Isolated temperature $\geq 38^{\circ}\text{C}$ and rise of $1\text{-}2^{\circ}\text{C}$ and/or
- Pruritus/rash only

- Treat and investigate for likely cause
 - Anaphylaxis/allergy
 - Bacterial contamination
 - Respiratory distress
 - Immune haemolysis
- Inform transfusion laboratory
- Check that the identification details of the patient, their ID band and the compatibility label of the component match
- Return unit/s (with administration set) to transfusion laboratory

- Review patient's underlying condition and transfusion history
- Consider bacterial contamination
- Monitor patient more frequently e.g. TPR, BP oxygen saturations, urinary output

- Continue transfusion
- Consider symptomatic treatment
- Monitor patient more frequently as for moderate reactions
- If symptoms/signs worsen, manage as moderate/severe reaction

Not consistent with underlying condition or history:

- Discontinue transfusion
- Inform transfusion lab and return implicated unit with giving set to transfusion lab

Consistent with underlying condition or transfusion history

- Consider continuation of transfusion at slower rate
- Consider appropriate symptomatic treatment

Continue transfusion

Consider investigations according to likely cause:

- Serial mast cell tryptase/ IgA (if allergic/anaphylaxis)
- Blood cultures (if febrile/possible contamination)
- CXR and BNP if resp distress possible TACO
- Repeat blood group, crossmatch and DAT (if possible immune haemolysis: febrile, hypotension, back/loin pain)

SUBMIT DATIX FOR ALL MODERATE AND SEVERE REACTIONS
Use the EPIC transfusion reaction order set to guide further testing
Document in clinical notes