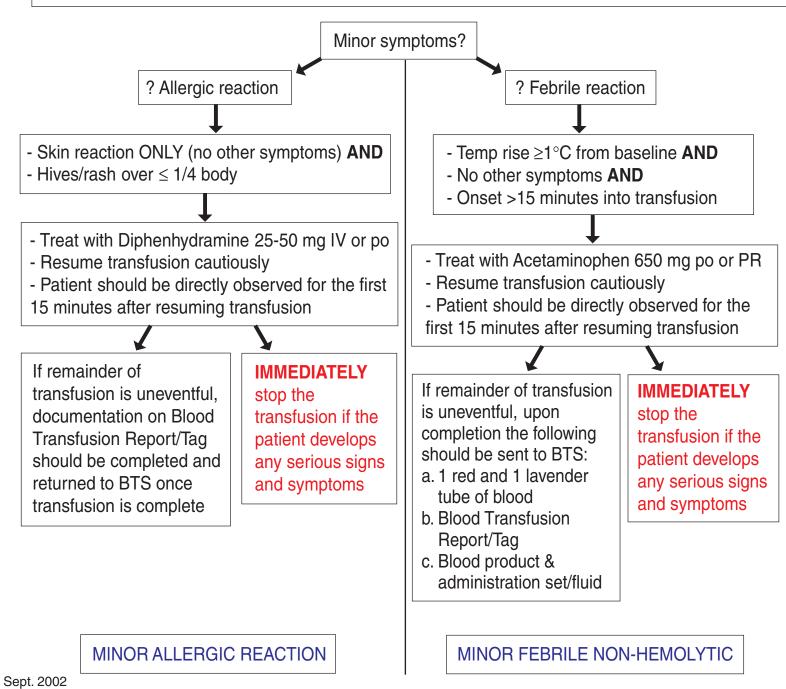


QEII Physicians' Algorithm for Transfusion Reactions

Patient exhibits signs and symptoms of a transfusion reaction

- 1. Transfusionist is to STOP THE TRANSFUSION IMMEDIATELY and keep the IV line open with 0.9% saline
- 2. Contact the physician for medical assessment
- 3. Check vital signs every 15 minutes until stable
- 4. Check all labels, forms and the patient's identification band to determine if there is clerical discrepancy

PHYSICIAN WILL DETERMINE IF TRANSFUSION SHOULD CONTINUE BASED ON PATIENT'S SYMPTOMS OR PRESENCE OF CLERICAL DISCREPANCY OR INCOMPATIBILITY



Serious Signs and Symptoms? Clerical Discrepancy/ Incompatibility IF PATIENT HAS ANY ONE 1. DO NOT RESTART THE OF THE FOLLOWING: **TRANSFUSION** - Onset ≤ 15 min 2. Institute patient management - Hypotension/shock 3. Notify Hematologist on call - Rigors for BTS - Anxietv 4. The following should be sent - Back/chest pain to BTS: a. 1 red and 1 lavender tube - Dyspnea/SOB of blood - Hemoglobinuria b. Blood Transfusion Report/ - Bleeding from IV site Tag - Nausea/vomiting c. Blood product & - Temperature ≥ 39°C administration set/fluid - Tachycardia/arrhythmias 5. Consider: - Generalized flushing - Blood and product cultures - Hives/rash covering body > if patient temperature is \geq 1/4 body 39°C - Chest x-ray for severe

SERIOUS FEBRILE NON-HEMOLYTIC, ACUTE HEMOLYTIC, ANAPHYLACTIC, SEVERE ALLERGIC, FLUID OVERLOAD, TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI) OR **BACTERIAL CONTAMINATION**

dyspnea