



<input type="checkbox"/> Cayuga Medical Center
<input type="checkbox"/> Schuyler Hospital

Place Patient Sticker On Both Copies
 Use MobiLab patient sticker.
 IF unable to use MobiLab patient label - must
 have two RN signatures to verify chart label

Suspected Transfusion Reaction Report

1. STOP THE TRANSFUSION		
2. Complete this form		
3. Alert Blood Bank (CMC: 4-4484) (SH: 5-2719)	BB Tech Mnemonic :	Date/Time:
4. Alert Provider of Clinical Manifestations	Provider Name:	Date/Time:
5. Maintain a patent Venous Access Site - (See <i>Venous Access Devices: Maintenance and Care Chart</i>)		
6. Clerical check: Verify Patient ID, Transfusion Card, and unit labels match.		
7. Check Product:		<i>Record unit # or place sticker on both forms</i>
<input type="checkbox"/> RBC <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo		
8. CLINICAL MANIFESTATIONS Check all that apply		
<input type="checkbox"/> Nausea and/or Vomiting	<input type="checkbox"/> Respiratory Distress	
<input type="checkbox"/> Hives and/or Itching	<input type="checkbox"/> Hematuria, Oliguria, or Anuria	
<input type="checkbox"/> Anxiety or Sense of Impending Doom	<input type="checkbox"/> Edema or Flushing	
<input type="checkbox"/> Chills / Rigors	<input type="checkbox"/> Pain (Location): _____	
<input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$ or 100.4°F with an increase of 1°C or 2°F)	<input type="checkbox"/> Hypotension (Systolic of $\leq 80\text{mmHg}$ with a decrease of $\geq 30\text{mmHg}$)	
<input type="checkbox"/> Other: _____		
9. Collect a pink, lavender, and urine sample Refer to the Blood Component Transfusion Policy for any additional samples that may need to be collected.		
10. Send this form, samples, blood product bag with administration tubing set, and all attached bags to Blood Bank ASAP.		
Signature:		Date/Time:
Signature:		Date/Time:

White - Return to Blood Bank **Canary** - Patient Chart

