

Transfusing Facility: \_\_\_\_\_ Date of Transfusion: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Patient ID #: \_\_\_\_\_  
 Component Transfused: \_\_\_\_\_

Unit #: \_\_\_\_\_

Symptoms	Immediate	Delayed	Symptoms	Immediate	Delayed
Elevated Temperature			Pain		
Change in BP			Rash		
Restlessness			Pruritus		
Chills			Shock		
Delirium			Jaundice		
Dyspnea			Petechiae		
Nausea/Vomiting			Hematuria		

Other (describe): \_\_\_\_\_

**If Transfusion Reaction Occurred**

- Stop transfusion immediately.
- Full Unit Transfused
- Portion Transfused                      Time stopped: \_\_\_\_\_ Amount Transfused: \_\_\_\_\_
- Notify patient's physician.                      Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify LifeStream (Phone: 909-386-6858).                      Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Check for clerical error.
- If indicated, draw post-transfusion specimens immediately (two 6 mL EDTA).  
 Label tubes "Post-Transfusion Specimen."  
 Post-Transfusion Sample Drawn: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_
- Complete and return a copy of this form, Transfusion Record, the post-transfusion specimens, infusion set, and the blood bag to LifeStream immediately.
- Follow your protocol for transfusion reaction investigation (e.g. collect urine samples, check hemoglobin).
- If indicated, arrange for emergency medical transportation to the acute care facility.
- Medications or Treatment: \_\_\_\_\_

\_\_\_\_\_  
 Date/Initials