|  |  |
| --- | --- |
| **SYMPTOMS** | **INVESTIGATIONS** |
| Fever (≥2°C rise or ≥39°C), and/or chills, rigors, myalgia, nausea or vomiting and/or loin pain | * Standard investigations (FBC, renal and liver enzymes).
* Standard treatments (e.g paracetamol)
* If febrile reaction sustained: return unit to lab, repeat G&S, DAT, haptoglobin, LDH, Coag, urine for haemoglobinuria, blood cultures
 |
| Dyspnoea, wheeze, or features of anaphylaxis | * Standard investigations as above
* O2 sats/blood gas
* CXR (mandatory if symptoms severe)
* If severe allergy/anaphylaxis discuss with consultant Haematologist and consider serial mast cell tryptase (immediate, 1-2 hours and 24 hours)
* Non allergy respiratory symptoms: investigate L atrial hypertension e.g Echo, pre and post Tx NT-Pro BNP
 |
| Hypotension (isolated fall systolic of ≥30 mm Hg resulting in level ≤80 mm Hg) | Investigate as for feverIf severe allergy/anaphylaxis consider serial mast cell tryptase as above |



**Management of Acute Transfusion Reactions/Complications**

**EAST of ENGLAND REGIONAL TRANSFUSION COMMITTEE**

**Based on 2023 BSH ‘Guideline on the investigation and**

**management of acute transfusion reactions’**

**INVESTIGATION OF MODERATE OR SEVERE ACUTE TRANSFUSION REACTION**

**Stop or slow down the transfusion (dependent on severity of reaction)**

**Check the patient identity on the wristband and the compatibility label, and the unit identity compatibility label to bag**

**Reassess the patient treat the symptoms and document the incident**

**INITIAL RESPONSE**

**Severe or life threatening**

* **DISCONTINUE TRANSFUSION**
* **EMERGENCY CALL**
* **START RESUSCITATION**
* **MONITOR VITAL SIGNS, O2 SATURATION, URINE OUTPUT**

**Anaphylaxis/ severe allergy – follow anaphylaxis protocol**

**Non-anaphylactic respiratory compromise**

**Suspected bacterial contamination of unit**

**Suspected acute haemolytic transfusion reaction**

**Treat symptoms as required**

**Retain blood unit(s) and giving set, report to Blood Transfusion EXT: XXXXXXXX**

**BLEEP VIA SWITCHBOARD OVERNIGHT**

**Required investigations are shown in the table below. SHOT/SABRE reportable**

**Mild**

Temperature <39oC (or <2oC rise)

With or without rash/ pruritus

Worsening - manage as for Moderate/Severe reaction

**Take into account underlying clinical condition**

**If symptoms and signs are not transfusion-related, or in the case of a mild reaction: document in medical notes. Report to Blood Transfusion not required. Not SHOT/SABRE reportable**

**Medical review**

**STOP TRANSFUSION (UNLESS HAEMORRHAGE): ARE THE SYMPTOMS AND SIGNS LIFE THREATENING?**

Worsening/persistent symptoms out of keeping with underlying condition manage as for Severe reaction

**Continue Transfusion**

Consider symptomatic treatment More frequent monitoring of vital signs

* Consider symptomatic treatment. If symptoms settle **resume transfusion**
* More frequent monitoring of Vital Signs

**Moderate**

Temperature > 39oC or rise > 2oC and/or Symptoms/Signs other than pruritus/rash.

**Inform medical staff**

**No**

**Yes**

**Clinical Symptoms & Signs:** Fever, chills, rigors, tachycardia, hyper/hypotension, collapse, flushing, urticaria, pain (bone, muscle, chest, abdominal), respiratory distress, nausea, general malaise.

[Add your own footer. Just click here and type]