# Irish Blood Transfusion Service
## Seirbhís Fuilaistriúcháin na hÉireann

## *Document Detail*

**Type:** RCI IBTS FORM
**Document No.:** IBTS/RCI/FORM/0001[1]
**Title:** **REQUEST FOR TRANSFUSION REACTION INVESTIGATION**
**Owner:** QA DOC CON QA DOC CONTROL
**Status** CURRENT
**Effective Date:** 24-Aug-2021
**Expiration Date:** 24-Aug-2023

### *Review*

**Review:** IBTS DOC REVIEW AND APPROVAL

| Level | Owner Role | Actor | Sign-off By |
|---|---|---|---|
| 1 | DOCUMENT CONTROLLER | DEBBIE MAC RORY | DEBBIE MAC RORY |
| 2 | RCI WRITER IBTS | RUTH CLEARY | RUTH CLEARY |
| 3 | RCI HEAD OF DEPT NBC | EDEL SCALLY | EDEL SCALLY |
| 3 | RCI REVIEWER IBTS | EDEL SCALLY | EDEL SCALLY |
| 4 | QUALITY ASSURANCE REVIEWER IBTS | COLIN O'LEARY | COLIN O'LEARY |

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| 1 | DOCUMENT CONTROLLER | DEBBIE MAC RORY | DEBBIE MAC RORY |
| 2 | RCI WRITER IBTS | RUTH CLEARY | RUTH CLEARY |
| 3 | RCI REVIEWER IBTS | AISLING COSTELLOE | AISLING COSTELLOE |
| 3 | RCI HEAD OF DEPT NBC | AISLING COSTELLOE | AISLING COSTELLOE |
| 4 | QUALITY ASSURANCE REVIEWER IBTS | COLIN O'LEARY | COLIN O'LEARY |

### *Change Orders*

| Changes as described on Change Order: | Change Order No. |
|---|---|

### *Change Orders - Incorporated*

| Changes as described on Change Order: | Change Order No. |
|---|---|
| | IBTS/CO/0482/20 |



**Valid on Day of Printing, Verify Current Version**
**Printed By:** **Date:**

# REQUEST FOR TRANSFUSION REACTION INVESTIGATION

**Change Description:**

1. Revise IBTS/DIAG/SOP/0063, create new IBTS/RCI/SOP/ AND IBTS/RCI/FORM. Expire BT – 0311. RCI to create new RCI SOP, MRTC to retain DIAG SOP 0063, removal of references to MRTC in new RCI SOP.
2. Update Smart train roles, referenced procedures and Training Requirements
3. Addition of Statutory Requirements in Section 1
4. Review and condense main body of Section 5
5. Reference to new IBTS/RCI/FORM where appropriate (applicable only where RCI acts as HBB)
6. Remove process flow from Section 5 and creation of new process flow in attachments.
7. Removal of Attachment 6.2 and re-format Attachment 6.2 (formerly Attachment 6.3). Identical and matching changes for IBTS/DIAG/SOP/0063, MRTC

**Reason for Change:**

1. As part of CC342/19 separation of shared SOPs.
2. Periodic review of the SOP involved updates to Smart Train roles, referenced procedures and training requirements.
3. Statutory requirements were not listed in previous versions.
4. Section 5 required some re-wording and clarification to improve the readability of the procedure.
5. To replace the use of BT – 0311.
6. Process flows should be captured as an attachment.
7. Attachment 6.2 was removed due to repetition.

**Change order No.:**
IBTS/CO/0482/20

**Referenced Documents**
IBTS/RCI/SOP/0074

**SmartSolve Roles**

| |
|---|
| RCI SMS NBC |
| RCI MS NBC |
| RCI THOD NBC |

**Training Type**

| Staff Trained in Previous version | New Staff |
|---|---|
| Previously trained on BT – 0311 Read Only | Read Only |

**SmartSolve Document Category**

| Category | Mobile | Cryobiology | Website | GDP |
|---|---|---|---|---|
| Yes / No | No | No | Yes | No |

# REQUEST FOR TRANSFUSION REACTION INVESTIGATION

**Irish Blood Transfusion Service NBC Tel: 01 432 2800 Fax: 01 432 2930**

Please contact the RCI laboratory at the IBTS **as soon as possible** to inform them of a transfusion reaction:

**Please complete this form and provide the following:**

1. 7ml Post Transfusion EDTA sample (Children 2mls)
2. 7 ml Clotted sample (Children 2mls)
3. Completed BT7 or BT345 form
4. Used Sealed Blood packs and giving set



| Patient and Hospital Information | | | |
|---|---|---|---|
| Patient Surname | | Patient Forename | |
| Patient Address | | | |
| Date of Birth | | Hospital Number | |
| Hospital | | Gender | |
| Consultant | | Contact number | |

Underlying diagnosis:

Reason for transfusion:

**Product Information**

Please tick Implicated Product: **Red Cells** ☐ **Platelets** ☐ **Plasma** ☐ **Other** ☐

Please specify Unit number implicated:

Unit numbers already transfused: 1. 2. 3.

**Transfusion Event Information**

Date & Time of Implicated Transfusion: ____/____/____ at _____ Hours

Interval between commencement of transfusion and reaction: _____ Hours

Approximate Volume of blood transfused: _____ ml

**Description of Transfusion reaction Symptoms *please tick boxes***

Baseline Temperature before the commencement of transfusion: _____ °C

Temperature change from baseline: > 1.5°C ☐ <1.5°C ☐ No Change ☐

BP ↑: mm Hg ☐ BP ↓: mm Hg ☐ Tachycardia ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Rigors | ☐ | Facial Oedema | ☐ | Chest Pain | ☐ | Back Pain | ☐ |
| Shortness of Breath | ☐ | Vomiting | ☐ | Rash | ☐ | Cough | ☐ |
| Haemoglobinuria | ☐ | Cyanosis | ☐ | Pain @ IV site | ☐ | Jaundice | ☐ |
| Urticaria | ☐ | | | | | | |

History of Pyrexia in previous 24 hours: Yes ☐ No ☐

History of previous transfusion reaction*: Yes ☐ No ☐

*If Yes, please state date if known: _____

Other relevant information:

_____

Report completed by: _____ Date: _____

Doctor's Name: _____ MCRN: _____ Bleep No: _____