

Transfusion Reaction Information Record

Section I: Call QM at 816-968-4407 to report units involved in reaction. After hours, call Distribution at 816-968-4015	
Date /Time Reported:	Reported to:
Facility:	
Reported by/Title:	
Contact Name/ Title:	
Contact Telephone #	

Instructions: Please complete applicable section(s) for each product transfused.

Section II: Product Information			
Unit Number(s)			
Product Type: (circle types of products implicated in the reaction)			
RBC	Platelet	Plasma	
Product will be returned to CBC		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Bag only (no product) will be returned to CBC		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Bag /Product was disposed of by transfusion facility		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

Section III: Transfusion Information	
Date/Time of Reaction:	
Transfusion Start Time _____	Transfusion Stop Time _____
Reaction Symptoms:	
Vital Signs: Prior to Reaction	Temp _____ BP _____ HR _____ RR _____ SaO ₂ _____
Vital Signs: During/After Reaction	Temp _____ BP _____ HR _____ RR _____ SaO ₂ _____
Current Status of Patient:	
Patient Diagnosis (i.e. reason for transfusion, status prior to transfusion):	
Measures Taken: <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Reaction (e.g., antibiotics given):	
Does/Did patient have a central line? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, were cultures obtained from central line? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were pre transfusion cultures obtained from patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were post-reaction cultures obtained from patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were cultures obtained from the product? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____	
Where was the product/ residual product prior to obtaining cultures _____ <input type="checkbox"/> NA	

Fax to Quality Management Fax # 816-277-0798

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