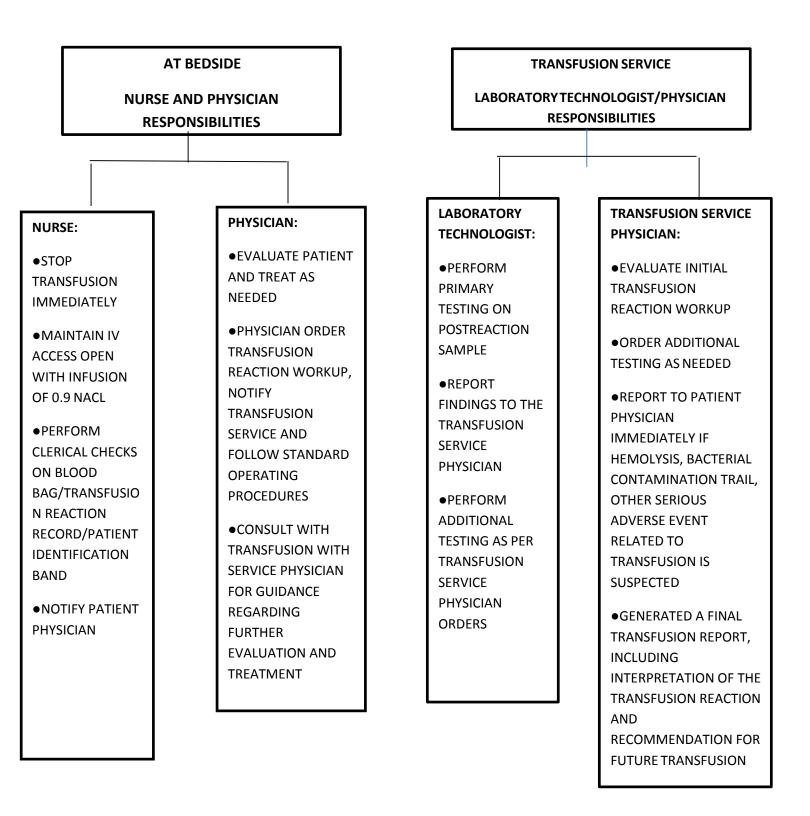
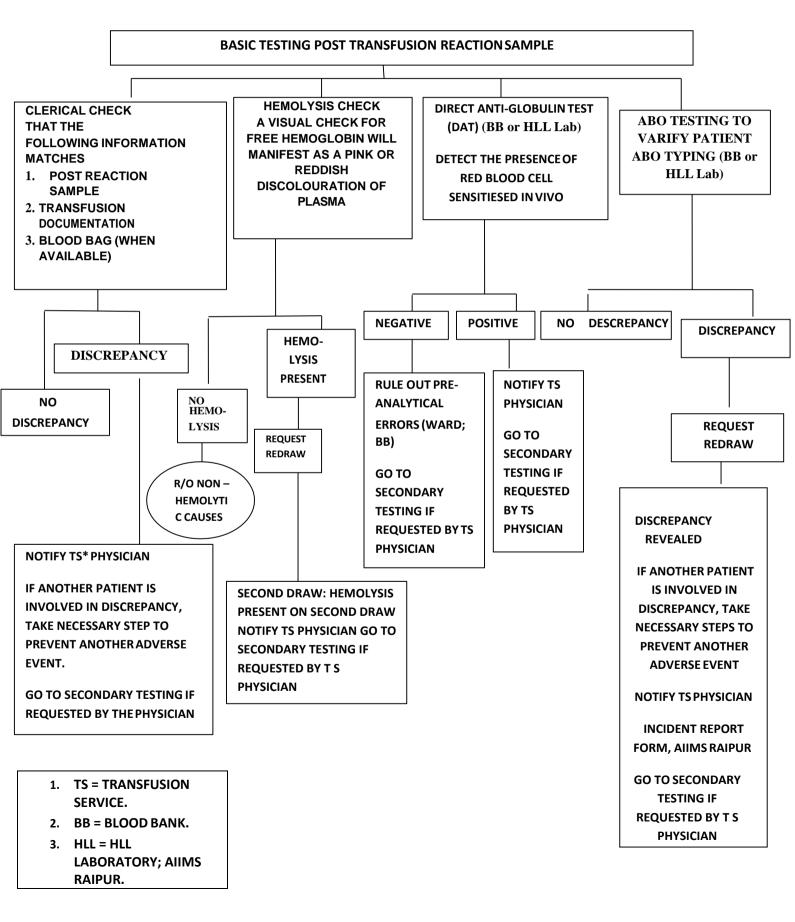
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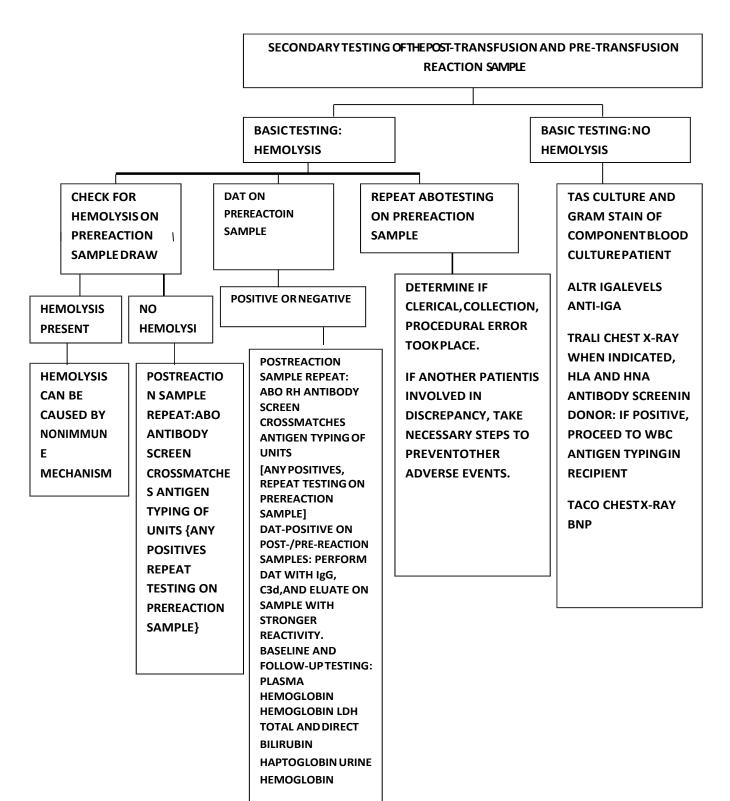
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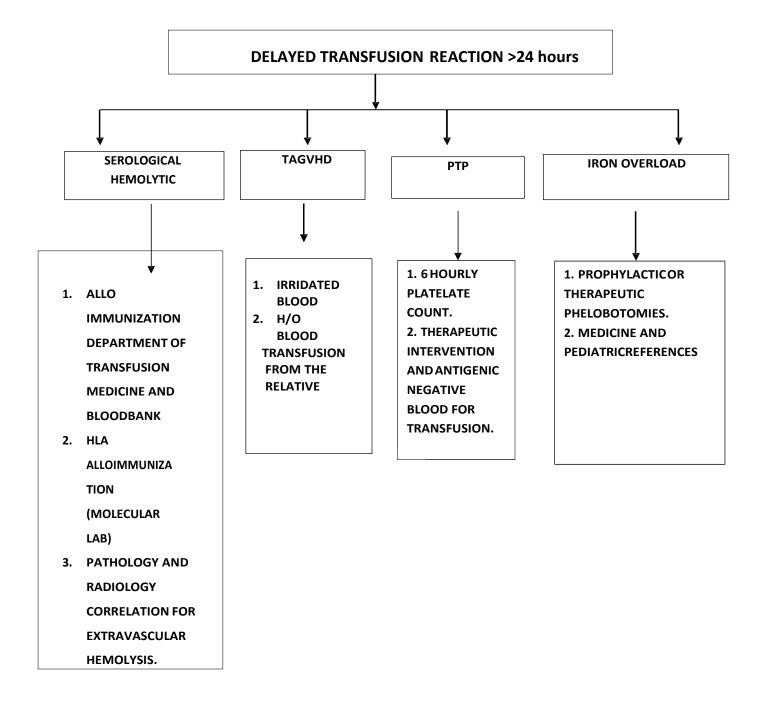
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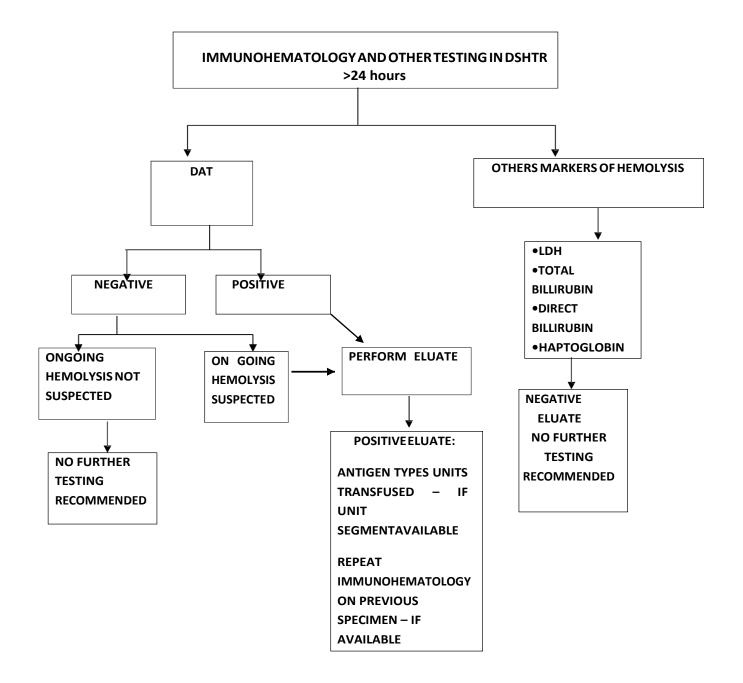


DEPARTMENT OF TRANSFUSION MEDICINE & BLOOD





DEPARTMENT OF TRANSFUSION MEDICINE & BLOOD BANK



REPORTING WITHIN THE HOSPITAL

A periodic review by the Hospital Transfusion Committee for implementation and relevance is required for the following reasons.

- Assess the appropriateness of management and investigations.
- Plan management for the future transfusions of patients
- Ensures the suspected reactions has been reported to the blood center which subsequently report such incidents to the hemovigilance programme of India.
- Review the appropriateness of the transfusion.
- Identify practice concerns, lessons to be learnt any training requirements.
- Identify and monitor trends.
- *Transfusion reaction happening due to blood procured from outside source has to be reported to the respective parent blood bank. The Blood Center of AIIMS Raipur; does not have any accountability for blood storage from the outside sources in its premises because the testing and pre-analytical variables are not under the control of the blood bank officials. Blood center at AIIMS Raipur discourages any blood brought from outside blood banks to be used on the hospital admissions.

SYNOPSIS

<u>SYMPTOMS</u>

INVESTIGATIONS

| Fever (≥2∘c rise or ≥39∘c) and/or chills, rigors myalgia, nausea, or vomiting and/or loin pain | Take samples for repeat compatibility testing ,DAT, LDH and haptoglobin Take blood cultures from patients Coagulation screen |
|---|--|
| Mucosal swelling (angio-edema) | Do not discard implicated unit if febrile reaction is sustained ,return unit to the laboratory ,repeat serological investigation (compatibility testing, antibody screen and DAT), haptoglobin and culture unit. Standard investigations |
| Dyspnoea,wheeze,or features | Measure IgA level (EDTA sample) if <0.07g/l, and no generalized hypogammaglobulinaemia, perform confirmatory test with sensitive method and check for IgA antibodies |
| of | Other level to confidentia an |
| Anaphylaxis | Standard investigations |
| | Check oxygen saturation or blood gases |
| | Chest x- ray (mandatory if symptoms severe) |
| | If severe or moderate allergy suspected measure IgA level. |
| | If allergy anaphylaxis suspected, consider measurement of serial mast cell tryptase (plain tube) (immediate, 3 hr. and 24 hr.) |
| Hypotension (isolated fall systolic of ≥30 mm resulting in level ≤80mm) | |
| · | If allergy suspected measures IgA level. If severe allergy /anaphylaxis consider measurement of serial mast cell tryptase as above Investigate for fever and underlying etiology if clinically relevant. |
| | |

DAT , Direct Antiglobulin test; Ig Immunoglobulin; LDH, lactate

dehydrogenase .standard investigations; full blood count, renal and

liver function test and assessment of urine for hemoglobin.

ACRONYMS

| TRALI | TRANSFUSION RELATED ACUTE LUNG INJURY |
|--------|--|
| AHTR | ACUTE HEMOLYTIC TRANSFUSION REACTION |
| TAS | TRANSFUSION ASSOCIATED SEPSIS |
| FNHTR | FEBRILE NON HEMOLYTIC TRANSFUSION REACTION |
| ТАСО | TRANSFUSION ASSOCIATED CIRCULATORY |
| | OVERLOAD |
| TAGVHD | TRANSFUSION ASSOCIATED GRAFT VERSUS HOST |
| | DISEASE |
| PTP | POSTTRANSFUSION PURPURA |
| DAT | DIRECTANTIGLOBULINTEST |
| LDH | LACTIC DEHYDROGENASE |
| ALTR | ALLERGICTRANSFUSION REACTION |
| HNA | HUMAN NUTOPHILANTIGENS |
| BNP | B TYPE NATRIURETIC PEPTIDE |
| C3D | COMPLIMENT FRAGMENT 3D |
| HLA | HUMAN LEUCOCYTE ANTIGENS |
| WBC | WHITE BLOODCELL |
| DHTR | DELAYEDSEROLOGIC/HEMOLYTICTRANSFUSION |
| | REACTION |
| | R |