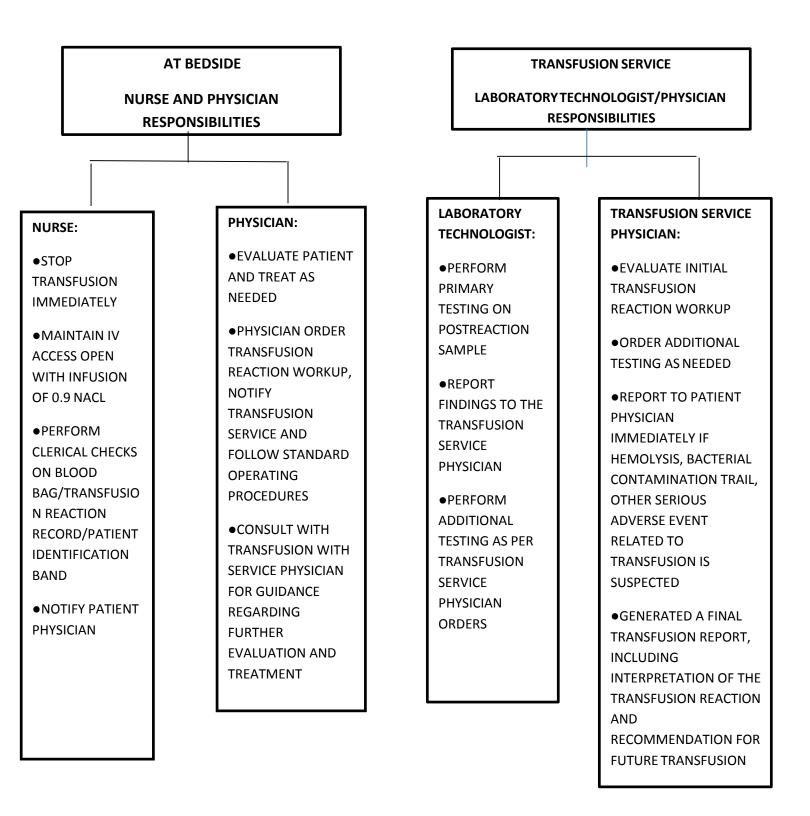
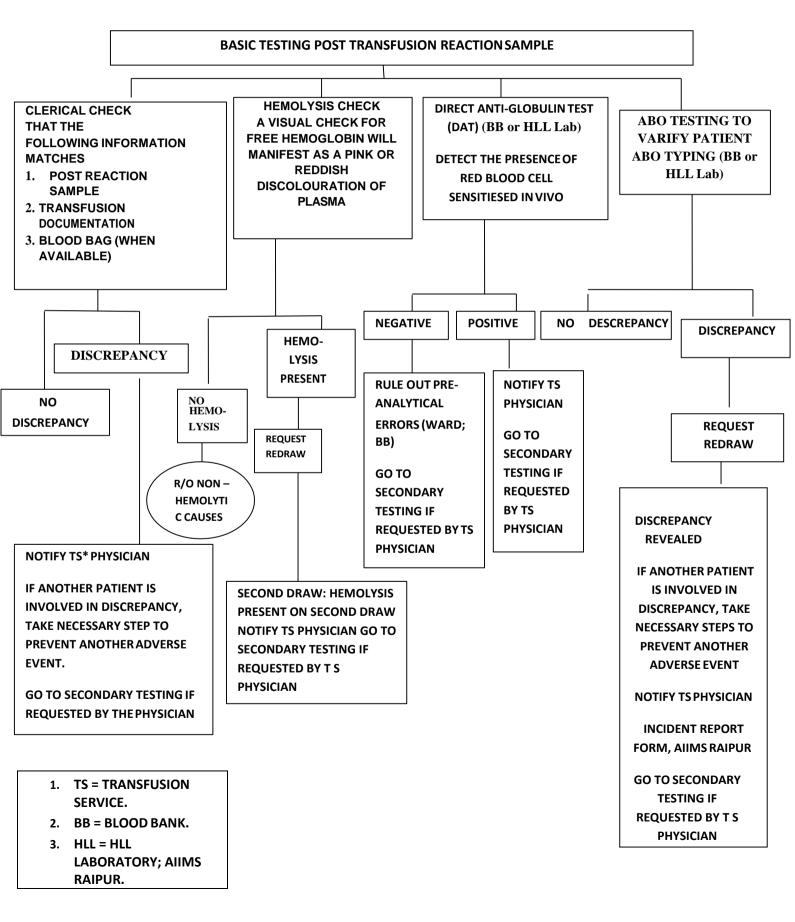
अखिल भारतीय आयुर्विज्ञान संस्थान ,रायपुर ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR

# DEPARTMENT OF TRANSFUSION MEDICINE AND BLOOD BANK





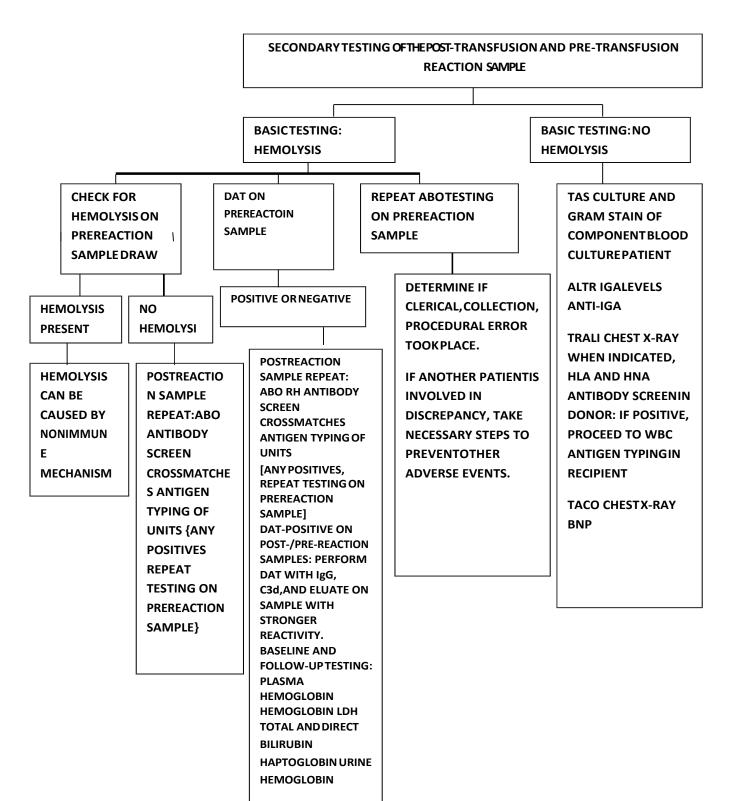
## **DEPARTMENT OF TRANSFUSION MEDICINE & BLOOD BANK**





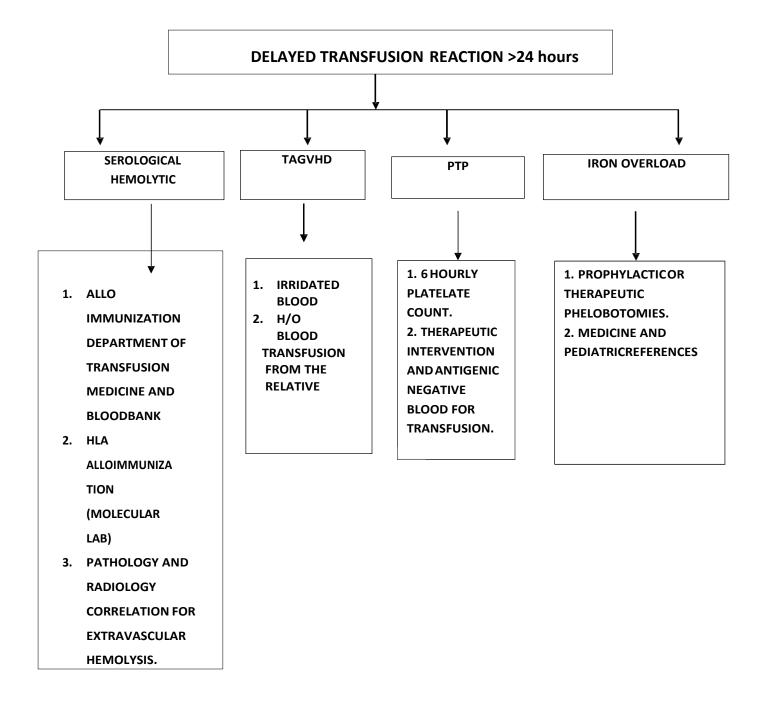
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### DEPARTMENT OF TRANSFUSION MEDICINE & BLOOD BANK



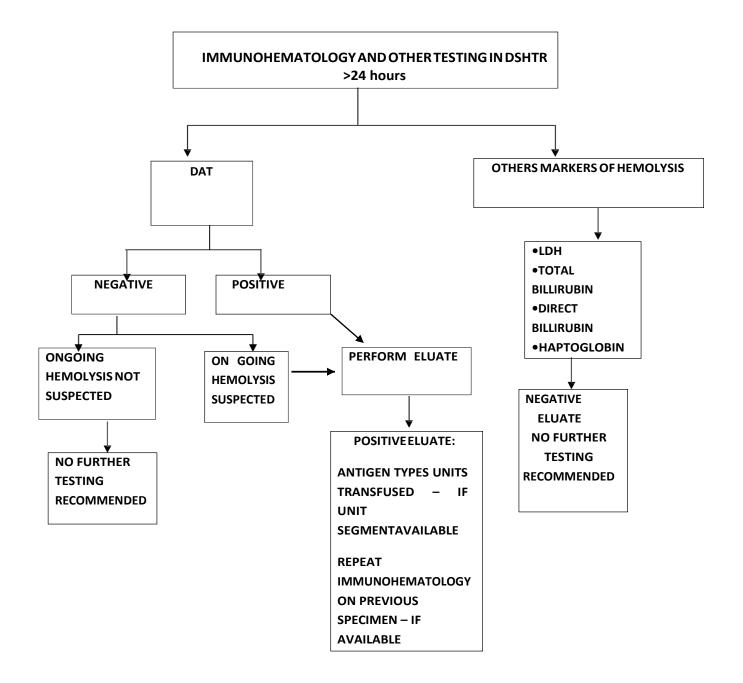


## **DEPARTMENT OF TRANSFUSION MEDICINE & BLOOD**





## 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	<b>TRANSFUSION RELATED ACUTE LUNG INJURY</b>
AHTR	ACUTE HEMOLYTIC TRANSFUSION REACTION
TAS	<b>TRANSFUSION ASSOCIATED SEPSIS</b>
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