



Appendix 1 (6)

Blood Transfusion Adverse Reaction/Event Reporting

Implicated blood /blood component unit number.....

Type of component.....

Date & time of adverse event/

Date & time of evaluation/reporting.....

Instructions for Filling the Form

Even an isolated sign/symptom can be associated with transfusion reaction. Tick what is applicable.

1. Generalized

- Itching
- Edema
- Nausea
- Vomiting
- Flushing
- Anxiety
- Restlessness
- Jaundice

2. Pain

- Chest
- Abdominal Pain
- Flanks
- At the site of infusion
- Others

3. Respiratory System

- Wheeze
- Bronchospasm
- Angioedema
- Stridor
- Cough
- Dyspnea
- Hypoxemia
- Bilateral chest infiltrates

4. Circulatory System

- Tachycardia
- Hypertension
- Arrhythmias
- Raised JVP

5. Gastrointestinal System

- Nausea
- Vomiting
- Abdominal pain
- Others

6. Urinary System

- Hematuria
- Haemoglobinuria
- Oliguria
- Anuria
- Others

7. Skin

- Rash
- Petechiae
- Purpura
- Ecchymosis
- Itching

Chest X-Ray Findings

Laboratory Findings (Post Transfusion)

Haemoglobin	RDW
P/S for Haemolysis	Platelet count
Indirect Coombs Test	PDW
Direct Coombs test	TLC
ABO Blood group	DLC
PCV	P/S for Haemolysis
MCV	
MCH	
MCHC	

