

Patient shows signs/symptoms of an acute transfusion reaction

Predominant symptoms

Fever

Temp $\geq 38^{\circ}\text{C}$ and increase of $> 2^{\circ}\text{C}$ from baseline, chills, rigors

Shortness of breath

Dyspnea, wheezing, stridor, cough, cyanosis

Allergic reaction

NVD, Pruritus, rash, flushing, angioedema, periorbital swelling/redness, anaphylaxis

Signs of hemodynamic collapse

Including: tachycardia or hypotension (not related to trauma), hypertension, pain (back, flank, muscle, chest, abdominal)

PAUSE THE TRANSFUSION

Undertake rapid clinical assessment

Evidence of life-threatening **A**irway and/or **B**reathing and/or **C**irculatory problems due to transfusion reaction and not original injury/illness.

YES

SEVERE REACTION

Potentially life-threatening

- Initiate resuscitation (ABC) with IV fluids & O₂
- Discontinue transfusion but do not discard implicated unit(s)
- Flush line and maintain venous access with IV saline
- Continue to monitor vital signs e.g. temperature, pulse, respiratory rate, BP, O₂ saturation, urinary output

- If anaphylactic reaction/severe allergy suspected, follow local protocols
- If acute onset of shortness of breath, assess fluid balance

NO

MILD/MODERATE REACTION

- Consider patient's presentation in correlation to underlying condition
- Provide appropriate symptomatic treatment
- Monitor vital signs more frequently
- Consider contacting medical control before continuing transfusion

RESUME TRANSFUSION

- Do not discard implicated unit(s)
- Ensure receiving facility staff transfer implicated unit(s) to their blood bank and notify appropriate supervisory personnel

Document and report suspected adverse event