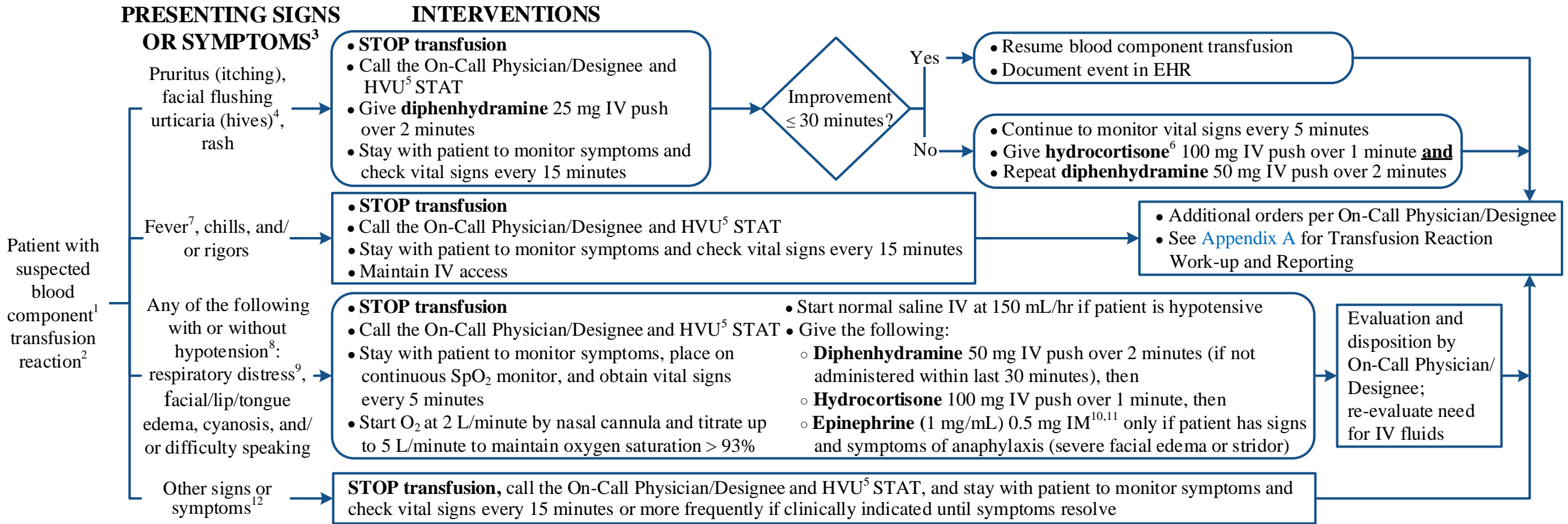


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Any suspicion of blood component<sup>1</sup> transfusion reaction, **call On-Call Physician/Designee STAT, Attending Physician and MERIT as appropriate.**  
 If a patient is unresponsive at any point, **call Code Blue (x2-7099) as appropriate for your area.**



<sup>1</sup> Blood components include red blood cells, platelets, fresh frozen plasma, cryoprecipitate, and white blood cells (granulocytes)  
<sup>2</sup> Refer to Guidelines for Identifying a Transfusion Reaction (ATT1722)  
<sup>3</sup> Note to provider: temperature of 39°C **or** a rise of 2°C **and/or** any rise in temperature accompanied with moderate/severe systemic signs or symptoms may indicate bacterial contamination  
<sup>4</sup> Note to provider: urticaria or hives may require transfusion work-up only if severe and unresponsive to measures that prevent transfusion from being completed  
<sup>5</sup> Reach the Hemovigilance Unit (HVU) transfusion medicine provider at extension B-BLOOD or 2-5663 (713-792-5663)  
<sup>6</sup> Discuss with primary team before administering steroids to patients receiving CAR T cells  
<sup>7</sup> Fever is defined as a rise of 1°C or more from baseline temperature **and** a temperature of ≥ 38°C  
<sup>8</sup> Hypotension defined as a drop in SBP ≥ 30 mmHg **and** SBP ≤ 80 mmHg  
<sup>9</sup> Respiratory distress may include dyspnea or labored respiration, wheezing, hoarseness/stridor, shortness of breath, hypoxia (O<sub>2</sub> saturation ≤ 90% on room air), cough, and/or tachypnea  
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<sup>10</sup> Administer epinephrine IM into the antero-lateral mid-third portion of the thigh. Administration via IM route is preferred regardless of platelet count.  
<sup>11</sup> If hypotension is the only presenting symptom, epinephrine should not be administered  
<sup>12</sup> Other signs and symptoms:
 

- Chest pain, tachycardia (defined as a rise in HR > 30 bpm), hypotension (defined as drop in SBP ≥ 30 mmHg **and** SBP ≤ 80 mmHg), hypertension (defined as a rise in SBP > 30 mmHg **and** SBP > 150 mmHg)
- Abdominal pain/cramps, low back pain and/or flank pain
- Pain - infusion site pain
- Generalized - nausea/vomiting, anxiety, feeling of impending doom, diarrhea, loss of consciousness
- New onset headache occurring during transfusion that requires intervention
- Discoloration of urine (tea, cola, or blood colored)
- Hemolysis/hemorrhage - sudden uncontrolled bleeding

 Department of Clinical Effectiveness V2  
 Approved by The Executive Committee of the Medical Staff on 06/16/2020

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## APPENDIX A: Transfusion Reaction Evaluation and Documentation

### **Responsibilities for Nurses**

- Notify Attending Physician/Designee
- Notify Hemovigilance Unit (HVU) at 713-792-5663
- If Transfusion Reaction order panel is activated
  - Complete the Transfusion Reaction Investigation form (Forms On Demand/OnBase)
  - Notify Transfusion Service (Blood Bank) at 713-792-8630
  - Obtain appropriate lab tests as ordered
  - Return all remaining blood component(s) and supplies listed below to Transfusion Service (Blood Bank)
    - Do not remove the administration set from the blood component
    - Return transfusion set, leukocyte reduction filter, and intravenous solution
- Complete Suspected Transfusion Reaction section of Blood Administration flow sheet
- Complete a Safety Intelligence report

### **Responsibilities for Providers**

- Activate Transfusion Reaction order panel which includes the following patient specimen collections
  - Urinalysis; collect first void for presence of hemoglobin (to check for hemolysis)
  - Blood sample in a 7 mL (EDTA) pink top tube
- Other appropriate laboratory tests
  - Anti-IgA antibodies (for suspected anaphylaxis reactions)

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## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Adult Blood Product Transfusion Reaction work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following experts:

Amin Alousi, MD (Stem Cell Transplantation)<sup>‡</sup>  
Joylyn Mae Estrella, MSN, RN, OCN, CNL (Nursing Administration)  
Imelda Febryani, MSN, BSN (Nursing)  
Luisa “Dee” Gallardo, MSN, RN, NE-BC (Nursing Administration)  
Alison Gulbis, PharmD (Pharmacy Clinical Programs)  
James Kelley, MD (Laboratory Medicine)<sup>‡</sup>  
Adriana Knopfelmacher Couchonal, MD (Laboratory Medicine)  
Fernando Martinez, MD (Laboratory Medicine)<sup>‡</sup>  
Amy Pai, PharmD<sup>♦</sup>  
Christina Perez<sup>♦</sup>  
Mona Sarkiss, MD (Anesthesiology & PeriOperative Medicine)  
Colleen Villamin, MSN, RN, OCN, CNL (Hemovigilance Office)  
Adriana Wechsler, MD (Emergency Medicine)  
Mary Alma Welch, PA-C, MMSC (Leukemia)

<sup>‡</sup> Core Development Team

<sup>♦</sup> Clinical Effectiveness Development Team