AHP Report on Adverse Transfusion Reactions to Lifeblood

Parent document: SOP-00005

Please report all adverse transfusion reactions and incidents (including near miss events) through your local laboratory and hospital reporting systems according to their reporting requirements

Reactions to plasma derived products or recombinant products distributed by Lifeblood can be reported direct to the product supplier.

Supplier	Phone	Email
CSL Behring	1800 642 865	MedicalInformation@cslbehring.com.au
Octapharma	1800 780 169	aumedinfo@octapharma.com
Grifols	03 95359333	https://www.grifols.com/en/notification-of-adverse-reaction
Takeda	1800 012 612	AE.ANZ@takeda.com
Pfizer	1800 675 229	AUS.AEReporting@pfizer.com

Report the following **transfusion adverse reactions** to Lifeblood

- Suspected Transfusion related acute lung injury (TRALI).
- Suspected Transfusion Transmitted infection (TTI).
- Blood Component quality or manufacturing issues, including labelling errors, where a transfusion has occurred.
- **No Transfusion has occurred** - Labelling errors, product quality issues should be reported direct to Lifeblood Customer Service Department.
- For Component Investigations, complete the Lifeblood Request Form found on transfusion.com.au. (Resource library | Australian Red Cross Lifeblood (transfusion.com.au).
- For Discrepancy Investigation (positive DAT or phenotype discrepancy), complete the Lifeblood Report form found on transfusion.com.au (Resource library | Australian Red Cross Lifeblood (transfusion.com.au).
- **Fields marked (*) are required to be completed.**

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Reporting Adverse Transfusion Reactions

- **Business hours** report by phoning **1300 669 054 – you will be connected with Medical or Nursing staff** or a message will be taken for call back.
- **After Hours** – contact the Lifeblood Customer Service (in your area) the Lifeblood after-hours Transfusion Medicine Specialist, may call back for more details. **Donation Numbers** of implicated products are critical information to enable recall/quarantine.
- **After reporting by phone** - this form may be used to provide **additional details** of the reaction **OR** email your hospital form (per your local health service procedures).

The form is a writable PDF and can be filled & emailed from your PC:

1. Complete all sections in as much detail as is available.
2. Send the completed form by email to the Medical Services department in your state/territory. Attach any other relevant documents e.g. transfusion records.

State	Email
NSW/ACT	NSWACTmsadmin@redcrossblood.org.au
QLD	medicalservicesadminqld@redcrossblood.org.au
SA/NT	medservicesadminSANT@redcrossblood.org.au
VIC/TAS	medicalservicesadmin@redcrossblood.org.au
WA	wamedicalservicesadmin@redcrossblood.org.au

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Section 1: Reporting details *	
Date you are making this written report to Lifeblood	
Date of Verbal report already made to Lifeblood	
Name the Lifeblood person you reported to/or who returned your call	
Health Service incident reporting system identification number (if available)	
Date and time of reaction onset*:	

Suspected Transfusion Reaction type*:

Note: If the reaction type is not listed here please consider if you need to report the reaction to Lifeblood.

- ☐ Transfusion Transmitted Infection
- ☐ Transfusion-related acute lung injury (TRALI)
- ☐ Transfusion Reaction suspected blood component quality, manufacturing or labelling problem
- ☐ Other reaction type with product or donor implications

  Details:

Patient Details *				
Last name			First name	
Date of birth		Gender:	☐ Male ☐ Female	MRN/UR
Any relevant underlying conditions:				

Source of report*			
Hospital & State/Territory			
Consultant in charge of patient			
Reporting doctor (if not as above) and best contact for Lifeblood to follow up (if different to reporting doctor)			
Position			
Phone		Fax	
Mobile		Email	

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Section 2: Transfusion details [or scan / attach copy of transfusion records] *

List Implicated Component/Product details plus units transfused in the 12 hours prior

Component /Product	Donation number	Date	Time transfusion started	Time transfusion stopped	Time not known N/A	Volume Transfused

What was your reason for suspecting this product? *

Signs/symptoms reported/observed during the reaction

Select all relevant symptoms

☐ Fever (rise greater than 1 °C)	☐ Shortness of breath
☐ Rigors	☐ Hypoexemia O2 sat <90%
☐ Hypotension	☐ Evidence of circulatory overload
☐ Tachycardia	☐ Improved with diuretics

Describe other signs or symptoms if required.

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Section 3. Investigations / management of the reaction by the treating clinician				
Medication/interventions prescribed for the adverse reaction [Select all that apply]				
☐ Paracetamol	☐ Hydrocortisone	☐ Antihistamine	☐ Antibiotics	☐ Adrenaline
☐ Oxygen	☐ Intubation	☐ Ventilation	☐ Diuretics	☐ Fluids/Inotropes
☐ Other medication *[specify]:* Please supply enough relevant information about any selections to enable assessment				

Investigations performed for the adverse reaction	
CXR changes?	☐ YES ☐ NO
	☐ Bilateral Infiltrate
Is there a venous access device?	☐ YES ☐ NO
Patient blood cultures taken?	☐ YES ☐ NO
	Site of culture:
	Date:
	☐ Positive ☐ Negative
	Organism:
Product Cultured	☐ YES ☐ NO
	☐ Positive ☐ Negative
	Organism:
Other relevant findings/results	