

# ANNEX 8, Form 5: INVESTIGATING AND DOCUMENTING A TRANSFUSION REACTION

## Department of Health

Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Blood bag Number: \_\_\_\_\_ Blood Grp: \_\_\_\_\_ Hospital No: \_\_\_\_\_

Ward: \_\_\_\_\_ Hospital: \_\_\_\_\_ SMO /Medical Officer In-charge: \_\_\_\_\_

### Part A: Clinical findings:

#### 1. Vital observations

Vitals	BP	PULSE	RR	TEMP
Observation before Transfusion				
Observation at alleged Reaction				

#### 2. Symptoms

  
  
  


Anxiety  
Pruritis  
Palpitation  
Headache

  
  


Loin/back pain  
Dyspnea  
Chest pain

#### 3. Signs

  
  
  


Rash  
Flushing  
Urticaria  
Rigors

  
  
  


Restless ness  
Hemoglobinuria  
Unexplained bleeding (DIC)  
Fever

#### 4. Medications given at the time of the reaction

  
  
  


Nothing Given  
Analgesic/antipyretic  
Bronchodilators  
Anti-histamine

  
  


Corticosteroids  
Fluid Replacement (Saline, Colloids)  
Adrenaline

#### 5. History of previous transfusion reaction?

  


Yes/ Date of recent transfusion: \_\_\_\_\_ No of times transfused \_\_\_\_\_  
No

#### 6. History of previous pregnancy? YES NO

Document: G_20_POL_APP_08_A	Page 1 of 2
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**Part B: Laboratory findings:**

**7. Investigations and results**

i. Patient results

Pre transfusion Blood regroup: \_\_\_\_\_

Post transfusion Blood group: \_\_\_\_\_

Antibodies screen: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

FBE and blood film: \_\_\_\_\_

UEC: \_\_\_\_\_

ii) Donor results:

Pre-transfusion blood group: \_\_\_\_\_

Post transfusion Blood group: \_\_\_\_\_

Antibodies screen: \_\_\_\_\_

Donor Blood culture: \_\_\_\_\_

**Part C: Conclusion:**

8.

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Investigating Officer: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Document: G_20_POL_APP_08_A	Page 2 of 2
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