

**Basic Transfusion Reaction Investigation Workup**

|  |  |  |
| --- | --- | --- |
| **Clerical Check** | **Pre-Transfusion** | **Post-Transfusion** |
| Patient’s Name/DOB/MR# |  |  |
| Unit number(compared to Cerner) |  |  |
| Unit blood type |  |  |

|  |  |  |
| --- | --- | --- |
| **Visual Check** | **Pre-Transfusion** | **Post-Transfusion** |
| Plasma Color |  |  |
| Is the Specimen Hemolyzed? (Y or N) |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre-Trans** | **Anti-A** | **Anti-B** | **Anti-D** | **Anti-Dc** | **Reverse A** | **Reverse B** | **Interp.** |
|  |  |  |  |  |  |  |
| **Post-Trans** | **Anti-A** | **Anti-B** | **Anti-D** | **Anti-Dc** | **Reverse A** | **Reverse B** | **Interp.** |
|  |  |  |  |  |  |  |
| **Donor Unit** | **Anti-A** | **Anti-B** | **Anti-D** | **Anti-Dc** | **Reverse A** | **Reverse B** | **Interp.** |
|  |  |  |  |  |  |  |
| **DAT**  | **Poly DAT** | **IgG DAT** | **C3d DAT** | **Interpretation** |
| **Pre-Transfusion** |  |  |  |  |
| **DAT**  | **Poly DAT** | **IgG DAT** | **C3d DAT** | **Interpretation** |
| **Post-Transfusion** |  |  |  | **Interpretation** |

**Urine Visual Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* If DAT is positive or abnormal clerical or visual check, continue to extended transfusion reaction workup and notify the nursing unit. **Nurse Notified:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workup Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pathologist Review Notes/Date:**