

HPM.1.3 Report Adverse Transfusion Events

Procedure Area: Hospital Patient Management (HPM)

Version: 1.0

Purpose

To report adverse transfusion events.

Scope

Customers

Materials

- ✓ [Report of Adverse Transfusion Event](#) form
- ✓ Supplementary forms, as appropriate:
 - [Report of Suspected Hemolytic Transfusion Reaction](#)
 - [Report of Suspected Transfusion-Associated Sepsis](#)
 - [Report of Suspected Transfusion-Transmitted Infection](#)
 - [Report of Suspected TRALI](#)

Procedure Notes

- Your facility is responsible for performing all lab work associated with a suspected bacterial contamination (i.e., Gram stains and cultures); provide all findings.

Procedure Steps

1. Confirm the adverse event is reportable; refer to the types of suspected adverse events listed on the *Report of Adverse Transfusion Event* form and the criteria included in the **NHSN Biovigilance Component Hemovigilance Module Surveillance Protocol**. If you are unsure whether the adverse event is reportable, contact the Medical Office using the numbers listed on the *Report of Adverse Transfusion Event* form.
2. If adverse event is reportable, perform the following:
 - a. Complete your facility's transfusion reaction workup report form and the *Report of Adverse Transfusion Event* form; complete the necessary supplementary form and attach to the *Report of Adverse Transfusion Event* form.

If this suspected event	Then complete and attach this form
Transfusion-transmitted infection	<i>Report of Suspected Transfusion-Transmitted Infection</i>
TRALI	<i>Report of Suspected TRALI</i>
Hemolytic reaction	<i>Report of Suspected Hemolytic Transfusion Reaction</i>
Transfusion-associated sepsis	<i>Report of Suspected Transfusion-Associated Sepsis</i>
Other	Briefly describe the event on the <i>Report of Adverse Transfusion Event</i> form. The Medical Director or designee may contact you for further information.

- b. Fax your facility's transfusion reaction workup report form, any supporting documentation, and the necessary forms to the number provided on the *Report of Adverse Transfusion Event* form.
- c. Verify fax receipt using the confirmation number provided on the *Report of Adverse Transfusion Event* form.

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Related Documents

- [NHSN Biovigilance Component Hemovigilance Module Surveillance Protocol](#)

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Version History

#	Significant Changes	Approved by	Approved	Implemented
1.0	<ul style="list-style-type: none">Added supplementary report forms for reporting adverse events and included instructions for which form to use based on type of suspected event.Added a procedure note explaining that the facility is responsible for performing all lab work associated with a suspected bacterial contamination (i.e., Gram stains and cultures) and for providing all findings.Removed investigation criteria table; added step to refer to the criteria listed in the <i>National Healthcare Safety Network Biovigilance Component Hemovigilance Module Surveillance Protocol</i>.Made minor updates to steps for faxing documents and verifying fax receipt.Added version information. <p>Note: Prior versions of this document may exist; version numbers were applied to policies and procedures beginning in ~Jan. 2015.</p>	Dr. Juan Merayo-Rodriguez, Medical Director Dr. Marek Fried, Medical Director Matt Audette, QA Manager CBCC Medical Director	17 Jul 2015	04 Aug 2015