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	*Report of Suspected Transfusion-Transmitted Infection*
TRALI	*Report of Suspected TRALI*
Hemolytic reaction	*Report of Suspected Hemolytic Transfusion Reaction*
Transfusion-associated sepsis	*Report of Suspected Transfusion-Associated Sepsis*
Other	Briefly describe the event on the *Report of Adverse Transfusion Event* 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.

Related Documents

- NHSN Biovigilance Component Hemovigilance Module Surveillance Protocol

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Version History

#	Significant Changes	Approved by	Approved	Implemented
1.0	• 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 *National Healthcare Safety Network Biovigilance Component Hemovigilance Module Surveillance Protocol*. • Made minor updates to steps for faxing documents and verifying fax receipt. • Added version information. ***Note**: Prior versions of this document may exist; version numbers were applied to policies and procedures beginning in ~Jan. 2015.*	Dr. Juan Merayo-Rodriguez, Medical Director Dr. Marek Fried, Medical Director Matt Audette, QA Manager CBCC Medical Director	17 Jul 2015	04 Aug 2015