

10 THE MANAGEMENT AND REPORTING OF ADVERSE EVENTS

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10.1 General Considerations
Section 10
Transfusion Medicine Protocols
Women's & Newborn Health Services
Perth Western Australia

10.1 GENERAL CONSIDERATIONS

Many of the serious adverse events following blood transfusion are unpredictable.

The most important are acute and delayed haemolytic transfusion reactions, febrile non-haemolytic transfusion reactions, urticaria and anaphylaxis, transfusion-related acute lung injury (TRALI), post-transfusion purpura (PTP), transfusion-associated graft-versus-host disease (TA-GvHD) and transmission of infection.

All significant adverse events should be reported **immediately** to the Blood Bank and/or Consultant Haematologist for advice on immediate management and investigation. The case will also be reviewed by the Blood Transfusion Committee and reported to the ARCBS or CSL when appropriate.

A completed [CAHS/WNHS Transfusion Reaction Form](#) must be sent to the Blood Bank to ensure the event is recorded and investigated appropriately. (Click link above to download form or you can obtain a hard copy from Blood Bank).

See Sections **10.2 Acute Transfusion Reactions**, **10.3 Delayed Transfusion Reactions** and **10.4 Other Delayed Complications** for more specific instructions.

All serious non-infectious adverse events should be reported to the Australian Incident Monitoring System (AIMS) as appropriate.

Remember, report any adverse events to Blood Bank – if the product is the cause other patients may be at risk from other components manufactured from the same blood collection.

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