

**REPORTING FORM FOR TRANSFUSION-RELATED ADVERSE EVENT
TRANSFUSION MEDICINE SERVICE
KEMENTERIAN KESIHATAN MALAYSIA**

IMPORTANT INFORMATION

1. Every adverse event related to transfusion of blood or blood component shall be managed, investigated and documented accordingly.
2. The form must be completed and returned to the blood bank within 2 weeks of the incident.
3. The blood bank shall retain the completed form and send a copy to the State Transfusion Committee and the National Haemovigilance Coordinating Centre (NHCC), Pusat Darah Negara within a month.

Reported by:

Name:	Designation:
Email:	Tel. No:
Date:	Fax No:

SECTION A: PATIENT DETAILS

Name of Patient:		
NRIC/ Passport No:	Age:	Hospital:
Barcode:	Gender:	Ward:
		Department:

SECTION B: TYPE OF ADVERSE EVENTS

- B1. TRANSFUSION REACTION (Fill up section C-J)
- B2. ERROR IN TRANSFUSION PROCESS
- a) INCORRECT BLOOD COMPONENT TRANSFUSED (Fill up section C-K)
- b) NEAR MISS (Proceed to SECTION K1 for 'NEAR MISS' on page 4)
- c) INCIDENT (Proceed to SECTION K2 for 'INCIDENT' on page 4)

Near Miss: Any error that has occurred but did not cause any adverse event as it was detected prior to blood transfusion.

SECTION C: ONSET OF ADVERSE EVENT

- C1. IMMEDIATE (within 24 hours of transfusion)
- C2. DELAYED (after 24 hours of transfusion)

SECTION D: BLOOD COMPONENTS IMPLICATED IN THE ADVERSE EVENT

- | | | | | | |
|-----------------------------------|--------------------------|-------------|----------|-----------------------|----------|
| D1. Whole blood | <input type="checkbox"/> | Irradiated: | YES / NO | Filtered: | YES / NO |
| D2. Packed Cells | <input type="checkbox"/> | Irradiated: | YES / NO | Filtered: | YES / NO |
| D3. Apheresis Platelet | <input type="checkbox"/> | Irradiated: | YES / NO | Pathogen Inactivated: | YES / NO |
| D4. Random Platelet | <input type="checkbox"/> | Irradiated: | YES / NO | | |
| D5. Fresh Frozen Plasma | <input type="checkbox"/> | | | | |
| D6. Cryoprecipitate | <input type="checkbox"/> | | | Pathogen Inactivated: | YES / NO |
| D7. Cryosupernatant/ Liver plasma | <input type="checkbox"/> | | | | |
| D8. Others (please specify) | | | | | |

SECTION E: DETAILS OF ADVERSE EVENTS

- E1. Date of transfusion: (DD/MM/YY) _____ / _____ / _____
- E2. Time transfusion started: _____ am/pm
- E3. Time reaction occurred: _____ am/pm
- E4. Volume transfused: _____ ml / unit

SECTION F: RELEVANT CLINICAL HISTORY

- F1. Patient's primary / provisional diagnosis: _____
- F2. Indication for transfusion: _____
- F3. History of pregnancy / miscarriage (if applicable): YES NO
- F4. a) History of previous transfusion: YES <3 mths YES >3 mths NO UNKNOWN
 b) If YES, component transfused: _____
 c) Reaction towards transfusion: YES NO
 d) If YES, please describe: _____
- F5. Other relevant medical and/or surgical history: _____
- F6. Emergency crossmatch (immediate spin) YES NO
- F7. Transfusion with safe "O" or uncrossmatched group specific blood YES NO

SECTION G: SIGNS AND SYMPTOMS [Tick all that apply (✓)]

- G1. General: Chill Rigors Fever Nausea Haemorrhage
 Restlessness / Anxiety Vomiting Cyanosis
 Others (specify) _____
- G2. Cardiovascular: Chest pain Palpitation Others (specify) _____
- G3. Skin: Oedema Flushing Hives Itching Pallor
 Jaundice Urticaria Petechiae Rash
- G4. Pain: Infusion site pain Abdominal pain Chest pain
 Flank pain Headache Back pain
 Other pain (specify) _____
- G5. Renal: Oliguria Anuria Dark coloured urine
- G6. Respiratory: Cough Hypoxia Dyspnoea
 Wheezing Others (specify) _____
- G7. Patient's baseline observations prior to reaction: Temperature: ___°C, BP: ___ Pulse rate: ___ RR: ___ SPO₂ ___
- G8. Patient's baseline observations at time of reaction: Temperature: ___°C, BP: ___ Pulse rate: ___ RR: ___ SPO₂ ___

SECTION H: RELEVANT INVESTIGATIONS

- H1. Chest X-ray findings (specify): _____
- H2. Relevant **pre-transfusion** laboratory investigation results:
 Full blood count: _____
 Liver Function: _____
 Coagulation Test: _____
- H3. Relevant **post-transfusion** laboratory investigation results:
 Full blood count including Reticulocyte count: _____
 Liver Function: _____
 Coagulation Test: _____
 Red cells antibodies: _____
 Haptoglobin: _____
 Blood C&S Patient: POS/ NEG Organism: _____
 Blood C&S Donor: POS/ NEG Organism: _____
 Urine FEME: _____
 Haemoglobinuria Hematuria
- H4. State other relevant investigations if any: _____

SECTION I: PATIENT OUTCOME FROM THE ADVERSE EVENT11. Recovered with no ill effects 12. Recovered with illness (morbidity)

Time frame of recovery _____

Specify the morbidity _____

13. Death 14. a) Unlikely related to transfusion b) Probable related to transfusion c) Possible related to transfusion **SECTION J: TYPE OF ADVERSE EVENTS: [Tick where applicable]**

Section	Events	✓	*
	Incorrect Blood Component / Product Transfused (Proceed to SECTION K for 'IBCT' on page 4)		*
J1	J1.1. Acute Immune Haemolytic Anaemia		*
	J1.1a. ABO incompatible		*
	J1.1b. Other red cell incompatibility (e.g. Rh positive given to Rh negative)		*
	J1.2 Blood is compatible but meant for another patient		*
	J1.3. Others :		
	J1.3a. Special requirement not met (e.g. irradiated, filtered, phenotyped)		*
	J1.3b. Inappropriate transfusion (e.g. wrong component)		*
J2	Delayed Haemolytic Transfusion Reaction		*
J3	Non-immune hemolytic reaction (due to mechanical factor, osmotic, heat, cold, etc)		*
J4	Febrile Non- Haemolytic Transfusion Reaction (FNHTR)		
J5	Allergic Reaction		
	a) Mild (Rash / Urticaria)		
	b) Moderate (Anaphylactoid)		*
	c) Severe (Anaphylactic Transfusion Reaction)		*
J6	Transfusion-Related Acute Lung Injury (TRALI)		*
J7	Transfusion-Associated Circulatory Overload (TACO)		*
J8	Transfusion-Associated Dyspnoea (TAD)		*
J9	Transfusion-Associated Graft-versus-Host Disease (TA-GvHD)		*
J10	Post-Transfusion Purpura (PTP)		*
J11	Post-Transfusion Infection : Virus (please specify) _____		*
J12	Post-Transfusion Infection : Bacteria (please specify) _____		*
J13	Post-Transfusion Infection : Parasite (please specify) _____		*
J14	Handling and storage error		*
J15	Equipment related (e.g. faulty waterbath, transfusion set, etc)		*
J16	Others , please specify :		*

* Please send detailed report for all transfusion reaction except for FNHTR & mild allergy.

SECTION K: ERRORS AND INCIDENTS IN TRANSFUSION PROCESS [Tick all that apply (✓)]

K1. IBCT AND NEAR MISSES IN TRANSFUSION PROCESS.

No	CLASSIFICATION OF ACTUAL ERRORS / NEAR MISS	
1.	ERROR IN WARD	
	a) Sampling error at time of blood taking	
	b) Labelling error at time of blood taking	
	c) Cause cannot be determined	
2.	TESTING (BLOOD BANK)	
	a) Technical error	
	b) Transcription error	
	c) Blood issued meant for another patient	
3.	BLOOD ADMINISTRATION IN THE WARD	
	a) Failure to check the blood against patient's full identity.	
	b) Others (please specify)	

**K2. OTHER INCIDENTS RELATED TO TRANSFUSION PROCESS.
(Tick ✓ where applicable)**

a)	Sharing same ID (IC, UNHCR, Passport)	
b)	Possible blood grouping error in other hospitals / clinics	
c)	Error in previous admission	
d)	Others (please specify)	

K3. ERROR/ INCIDENT DISCOVERED (Tick ✓ where applicable)

- Pre-Transfusion
- During Transfusion
- Post-Transfusion

Please describe in detail how error was discovered (additional pages to be filled if necessary):

Please send root cause analysis (RCA) report for all IBCTs and Near Misses.