

## REPORTING FORM FOR ADVERSE DONOR REACTION

### IMPORTANT INFORMATION

1. Every adverse event related to blood or blood component donation shall be managed, investigated and documented accordingly.
2. The blood collection personnel shall fill up this form **immediately** after any adverse donor reaction. The head of the blood collection centre shall ensure that this form is filled up correctly.
3. Completed original form shall be retained at the respective blood collection centre and a copy to be sent to the National Haemovigilance Coordinating Centre, National Blood Centre every month.

### SECTION A: DONOR DETAILS

|                                                                        |                               |
|------------------------------------------------------------------------|-------------------------------|
| Name :                                                                 | NRIC / Passport No:           |
| Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female | Telephone:                    |
| Weight (kg):                                                           | Barcode:                      |
| Date of donation:                                                      | Number of previous donations: |
| Place of donation:                                                     |                               |
| Collection centre:                                                     | State:                        |

### SECTION B: DONATION DETAILS

|                                                                                                                               |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Type of donation : <input type="checkbox"/> Whole Blood <input type="checkbox"/> Apheresis    Machine: (                    ) |                                                                                     |
| Time start:                                                                                                                   | Time end:                                                                           |
| Time of Reaction:                                                                                                             | Time of recovery:                                                                   |
| Volume collected :                                                                                                            | Donation terminated early: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Previous history of reactions: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please describe:       |                                                                                     |

**SECTION C: TYPE OF REACTION (Tick ✓ where applicable)**

| Type of Reactions*                                    |                                                          |                  | Grading of Severity*                                                     |                            |        |  |  |
|-------------------------------------------------------|----------------------------------------------------------|------------------|--------------------------------------------------------------------------|----------------------------|--------|--|--|
|                                                       |                                                          |                  | Mild                                                                     | Moderate                   | Severe |  |  |
| Local Symptoms                                        | Blood Outside Vessels                                    |                  | Haematoma                                                                |                            |        |  |  |
|                                                       |                                                          |                  | Arterial Puncture                                                        |                            |        |  |  |
|                                                       |                                                          |                  | Delayed Bleeding                                                         |                            |        |  |  |
|                                                       | Arm Pain                                                 | Specified as     |                                                                          | Nerve irritation           |        |  |  |
|                                                       |                                                          |                  |                                                                          | Nerve injury               |        |  |  |
|                                                       |                                                          | or not specified |                                                                          | Other Arm Pain             |        |  |  |
|                                                       | Localised infection/ inflammation of vein or soft tissue |                  |                                                                          | Thrombophlebitis           |        |  |  |
|                                                       |                                                          |                  |                                                                          | Cellulitis                 |        |  |  |
|                                                       | Other Major Blood Vessel Injury                          |                  |                                                                          | Deep Vein Thrombosis (DVT) |        |  |  |
|                                                       |                                                          |                  |                                                                          | Arteriovenous Fistula      |        |  |  |
|                                                       |                                                          |                  | Compartment Syndrome                                                     |                            |        |  |  |
|                                                       |                                                          |                  | Brachial Artery Pseudoaneurysm                                           |                            |        |  |  |
| Generalised symptoms                                  | Vasovagal Reaction                                       |                  | Immediate                                                                |                            |        |  |  |
|                                                       |                                                          |                  | Immediate with injury                                                    |                            |        |  |  |
|                                                       |                                                          |                  | Delayed                                                                  |                            |        |  |  |
|                                                       |                                                          |                  | Delayed with injury                                                      |                            |        |  |  |
| Related to Apheresis Donation                         |                                                          |                  | Citrate reaction                                                         |                            |        |  |  |
|                                                       |                                                          |                  | Haemolysis                                                               |                            |        |  |  |
|                                                       |                                                          |                  | Air embolism                                                             |                            |        |  |  |
| Allergic Reactions                                    |                                                          |                  | Local Allergic Reaction                                                  |                            |        |  |  |
|                                                       |                                                          |                  | Generalized (anaphylactic) reaction                                      |                            |        |  |  |
| Other Serious Complications Related to Blood Donation |                                                          |                  | Acute Cardiac symptoms (other than Myocardial Infarct or cardiac arrest) |                            |        |  |  |
|                                                       |                                                          |                  | Myocardial Infarct                                                       |                            |        |  |  |
|                                                       |                                                          |                  | Transient Ischemic Attack (TIA)                                          |                            |        |  |  |
|                                                       |                                                          |                  | Cerebrovascular accident                                                 |                            |        |  |  |
| Others                                                |                                                          |                  |                                                                          |                            |        |  |  |

Table adapted from Standard for Surveillance of Complications Related to Blood Donation by the Working Group on Complications Related to Blood Donation, International Society of Blood Transfusion and Working Party on Haemovigilance, European Haemovigilance Network (2014)

**SECTION D: MANAGEMENT (To be filled if necessary)**

| Vital Sign     | Pre Donation | During Reaction | Post Recovery |
|----------------|--------------|-----------------|---------------|
| BP (mmHg)      |              |                 |               |
| Pulse ( / min) |              |                 |               |

---



---



---

**SECTION E: INVESTIGATIONS (for citrate toxicity, moderate/severe vasovagal reactions)**

(e.g.: Sodium, Potassium, Calcium, Phosphate & Magnesium Level, RBS, RP and LFT)

**RESULTS**

Normal       Abnormal

If abnormal please specify: \_\_\_\_\_

**SECTION F: DONOR OUTCOME**

- G1. Recovered with no ill effects        
 G2. Recovered with illness             specify if any: \_\_\_\_\_  
 G3. Death

**SECTION G: FOLLOW UP**

---



---



---

|               |             |
|---------------|-------------|
| Reported by : | Verified by |
| Designation : | Designation |
| Date :        | Date:       |