**TABLE 1: MINOR ALLERGIC / SEVERE ALLERGIC / ANAPHYLACTIC / ANAPHYLACTIC TRANSFUSION REACTION**

**ALL PATIENTS SHOULD RECEIVE INFORMATION ON POTENTIAL TRANSFUSION REACTIONS AND HOW TO REPORT A SUSPECTED TRANSFUSION REACTION.**

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms (S&amp;S)</th>
<th>Usual Timing</th>
<th>Possible Etiology</th>
<th>Suggested Treatment &amp; Actions</th>
<th>Suggested Laboratory Investigations</th>
</tr>
</thead>
</table>
| Hives                  | During or up to 4 hours post transfusion | **Minor Allergic**  
  - Allergic reactions most commonly reflect sensitization to transfused plasma proteins or soluble substances in plasma.  
  - Allergic reactions to platelets have also been linked to the accumulations of chemokines present in platelet alpha granules. | Refer to Quick Reference Guide for immediate actions:  
  - May restart the transfusion at a slower rate with appropriate medication and frequent vital signs if ordered by the physician after consultation on the patient's condition  
  - Directly observe the patient for the first 15 minutes after restarting the transfusion  
  - If transfusion is restarted the transfusion must be completed within 4 hours of issue. | No laboratory investigation required |
| OR Itching OR Rash other than hives | Accompanied by other symptoms e.g. shortness of breath, cough, hypotension, tachycardia, generalized flushing or anxiety, nausea, vomiting | **Severe Allergic / Anaphylactic / Anaphylactoid**  
  - Vast majority of anaphylactic reactions are unexplained.  
  - The following mechanisms have been implicated in anaphylaxis/anaphylactoid reactions:  
    - Anti-IgA in an IgA deficient recipient  
    - Antibodies to polymorphic forms of serum proteins  
    - Transfusing an allergen to a sensitized patient  
    - Passive transfer of IgE | Do not restart the transfusion; refer to Quick Reference Guide (see link below) for immediate actions:  
  - Administer resuscitative care:  
    - May require epinephrine  
  - Implement therapeutic interventions as ordered:  
    - Antihistamine  
    - Continue to monitor patient for:  
      - emerging S&S  
      - deterioration in patient's condition  
      - response to interventions  
  - Send 1 EDTA tube to TML  
  - Return blood administration set to TML  
  - Send first post transfusion urine to Chemistry for urinalysis  | Patient history both clinical & transfusion  
  - Clerical check  
  - DAT  
  - Inspection of patient plasma for hemolysis  
  - IgA quantification and Anti-IgA levels on pre-transfusion sample  
  - Routine urinalysis |

**Differential diagnosis**

Unrelated to transfusion

**Future transfusion management:**

- The prevention of recurrent anaphylactic reactions in the case of confirmed IgA deficiency requires the use of washed red cells or platelets, or products prepared from IgA deficient donors
- Please consult with a Transfusion Medicine Hematopathologist to plan future transfusions.

⚠️ *All suspected transfusion reactions should be reported to Transfusion Medicine Laboratory using a Transfusion Reaction Report Form 00055606 Sept 2012*