### TABLE 2: FEBRILE NON-HEMOLYTIC 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>
<tbody>
<tr>
<td>Fever</td>
<td></td>
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</tbody>
</table>
| oral temp 38°C** or higher AND 1°C or more rise in temp above pre-transfusion baseline | May also present with: chills, rigors, nausea, vomiting & hypotension | During or up to 4 hours post-transfusion | Febrile non-hemolytic reaction (FNHTR) | Do not restart the transfusion; refer to Quick Reference Guide for immediate actions:  
  - Implement therapeutic interventions as ordered: antipyretic  
  - May require Meperidine for severe rigors if no contraindications  
  - Continue to monitor patient for: emerging S&S  
    - deterioration in patient’s condition  
    - response to interventions  
  - Comfort measures as applicable  
  - Send 1 EDTA tube to TML  
  - Return blood administration set to TML  
  - Send first voided post-transfusion urine to Chemistry for urinalysis  
  - Patient history both clinical and transfusion  
  - Clerical check  
  - DAT  
  - Inspection of patient plasma for hemolysis  
  - Routine urinalysis |
| **Axilla equivalent is 37.5°C** |                  |                  |                                |                                   |

**FNHTRs are most commonly the result of passive transfusion of inflammatory mediators, which accumulate during blood storage.**  
**FNHTRs may also be immune-mediated due to either anti-leukocyte or anti-platelet alloantibodies present in either patient or donor plasma.**

### Future transfusion management:
- In patients with significant recurrent FNHTR, premedication with an antipyretic may be considered, but is not supported by literature evidence.  
- Consultation with a Transfusion Medicine Pathologist may be helpful if the patient experiences severe recurrent febrile reactions.

### Differential Diagnosis
- **Bacterial contamination of blood product**  
  - If bacterial contamination suspected: See table 3
- **Acute hemolytic reaction**  
  - If hemolysis suspected: See table 5
- **Transfusion Related Acute Lung Injury (TRALI) less likely**  
  - If TRALI is suspected: See table 4
- **Unrelated to Transfusion**

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

**Axilla equivalent is 37.5°C

Temp refers to Temperature