### TABLE 11: IVIG RELATED ACUTE 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>Possible Etiology</th>
<th>Suggested Treatment &amp; Actions</th>
<th>Suggested Laboratory Investigations</th>
</tr>
</thead>
</table>
| Fever* | Due to antibodies in IVIG directed against a patient’s red blood cells | **Do not restart the transfusion; refer to Quick Reference Guide (see link below) for immediate actions:**  
- Reconfirm unique identifiers on both patient and blood product  
- Check re IV solutions given at same time  
- Administer resuscitative care  
- Implement therapeutic interventions as ordered by physician  
- Consultation with a clinical hematologist is recommended  
- Continue to monitor patient for:  
  - emerging S&S  
  - deterioration in patient’s condition  
  - response to interventions  
- Monitor renal function  
- 1 EDTA tube to TML  
- First post transfusion urine for routine urinalysis to chemistry  | **Detailed patient history clinical & transfusion**  
- 1 EDTA tube  
- Clerical check  
- DAT  
- Inspection of patient plasma for hemolysis  
- ABO / Rh type and antibody screen on patient pre & post transfusion blood samples  
- Full crossmatch on patient pre & post transfusion blood samples  
- Elution and antibody investigation if there is:  
  - evidence of unexplained hemolysis  
  - post- transfusion DAT is positive, or  
  - post-transfusion DAT gives a grade 2 or greater reaction than the pre-transfusion DAT  
- post-transfusion urinalysis confirms hemoglobinuria if “red/brown urine” is reported  
- Routine urinalysis  
- Monitor patient hemoglobin and chemistry (LDH & bilirubin) results for signs of hemolysis and diminished renal function  |
| Chills |  |  |  |
| Rigors |  |  |  |
| Nausea |  |  |  |
| Vomiting |  |  |  |
| Hypotension |  |  |  |
| Back pain |  |  |  |
| Red / Brown Urine |  |  |  |

**Risk factors:**
- Non-group O patients
- Patients receiving high dose IVIG 1gram/kg or more

**Future transfusions:**
- Reassess the need for IVIG therapy
- Consider change of dose and/or alternate brand of IVIG

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

**Fever: Oral temperature 38°C* or higher AND 1°C or more rise in temperature above pre-transfusion baseline / Axilla equivalent is 37.5°C