HOSPITAL-ACQUIRED INFECTION ORIGIN: Was it a Septic Transfusion Reaction?

RECOGNIZE SEE ONE? CHECK FOR OTHERS!

COAGULATION

- Unexplained increase in bleeding
- Disseminated Intravascular Coagulation (DIC)

INFLAMMATORY

- Systemic Inflammatory Response Syndrome
- Fever of 100.4°F (38°C)†
- Temperature increase ≥1.8°F (1°C) from baseline[†]
- Chills/Hypothermia (<96.8)
- Rigors
- Skin changes / Pain at infusion site

 †Fever may not occur with patients on antipyretics

CIRCULATORY

- Tachycardia >90bpm
- Blood pressure changes (hypotension, shock)
- Hemoglobinuria / Hemoglobinemia
- White blood cell count >12000/mm

PULMONARY

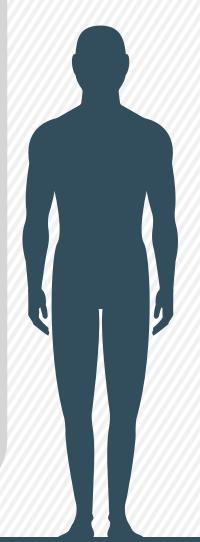
- Dyspnea labored breathing, shortness of breath
- Respiratory failure
- Respiratory rate >20/min or PaCO₂ <32 mmHg (4.3 kPa)
- SBP <90 or MAP <65

PSYCHOLOGICAL

- Sense of doom
- Confusion
- Stress

GI/NAUSEA

- Vomiting
- Gastric Distress



ACT

If you suspect a transfusion reaction:

- 1. **STOP** the transfusion
- 2. REPORT to your blood bank
- 3. CULTURE the patient, bag, and sibling unit(s)**
- 4. INITIATE sepsis workup protocol

~1:1500 platelet units may be bacterially contaminated.1

*One donor can give up to 3 platelet units. Protect other patients from the sibling units.



