Pharmacovigilance – Transfusion Reaction Report

Date: _____/_____/_____ Beginning of transfusion: _____:_____ End of transfusion _____:_____

Species:_____ **Haemocomponent administered:**_____

Donor information	**Patient information**
Nº_____	Breed: _____
Blood type:_____	Date of birth: _____ Sex: _____
Date : _____/_____/_____	Blood type:_____ Weight: _____ Kg
Crossmatching: ___negative ___positive	**Volume administered: _____ ml**

Diagnosis:_____

Relevant Background:_____

_____

_____

Transfusion etiology:_____

_____

Transfusion Monitoring:

	Before transfusion	**20 minutes after transfusion start**	**1 hour after transfusion start**	**3 hour after transfusion start**
		0,25 mL/Kg/h	**5 -10 mL/Kg/h**	
Attitude				
Heart Rate				
Respiratory Rate				
Mucous Membranes				
Temperature				
PAD				
PAM				
PAS				

Transfusion related reactions - Symptoms (hour, date)

- ☐ Urticaria/hives/angioedema_____
- ☐ Shivers/seizures_____
- ☐ sialorrhea_____
- ☐ Vomits_____
- ☐ Diarrhea_____
- ☐ Dyspneia_____
- ☐ Cough_____
- ☐ Rhinorrhea_____
- ☐ Anuria_____
- ☐ Oedema_____
- ☐ Chemosis_____
- ☐ Haemolysis_____
- ☐ Petechiae _____
- ☐ Stroke/Pulmonary Thromboembolism_____
- ☐ Shock_____
- ☐ Hypotension_____
- ☐ Cardio-respiratory arrest_____
- ☐ Pyrexia_____

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Analysis:

Comments:

Veterinary Hospital_____

DVM:_____

Date:_____