

After your Transfusion of Blood and/or Blood Products

Discharge Information

As most blood products come from other people, there is always a small risk of a reaction. A reaction is your body's response to a foreign substance, such as blood or a blood product. During your transfusion, the nurses watch you for a possible reaction. But, some reactions may happen after you leave the hospital.

The most common reaction is fever. Your temperature may be raised and your face flushed; you may feel cold or have chills; you may cough. If you have these symptoms after you get home, call your doctor. Usually, acetaminophen (Tylenol®) will relieve these symptoms. Your doctor may also recommend treatment.

Another possible reaction occurs because of the extra fluid your body gets through a transfusion. This reaction happens more often in patients with heart or kidney disease. The signs include a pounding headache, a cough, chest tightness, or breathing problems. If this happens, you will usually feel better sitting in an upright position. If you have any of these signs, call your doctor, or 911 for help.

Be alert for signs of infection where the needle was put into your vein. Watch for pain, redness, swelling, and/or leaking fluid or pus. If you notice any signs, see your doctor right away.

**Because each transfusion is different, you may
have a reaction to one but not to another.
Report any of the above reactions to your doctor.**

Vancouver Acute
Transfusion Medicine Service
899 West 12th Avenue
Vancouver, BC V5Z 1M9
Tel: 604-875-4111

Outpatient Transfusion Reaction Report Form

It is very important that the Transfusion Medicine Service (TMS) is aware of any reaction you feel within 24 hours following your transfusion. If you need further transfusions, letting the TMS know about your symptoms may help in deciding on the best product for you. If you have any of the following symptoms, please fill out this form and return it to the hospital.

Name: _____ Date of Birth: _____

Date of Transfusion: _____ Product: _____

- Chills
- Fever (if yes, what was your temperature?) _____ Date/time _____ hrs
- Rash
- Hives
- Other symptoms _____

Did you call your doctor about these symptoms? Yes _____ No _____

This form can be returned:

- In person
 - by Fax: 604-875-5284
- OR
- by Mail: Transfusion Medicine Service (TMS)
Vancouver General Hospital
855 West 12th Avenue
Vancouver, BC V5Z 1M9

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