

# 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<sup>®</sup>) 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  
BC Cancer Agency  
L W Large Memorial Hospital  
Bella Coola General Hospital  
Powell River General Hospital

# 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: \_\_\_\_\_ Hours: \_\_\_\_\_
- Rash
- Hives
- Other symptoms \_\_\_\_\_

Did you call your doctor about these symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

This form can be returned:

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



Making better  
decisions together  
with patients  
and families

For more copies, go online at <http://vch.eduhealth.ca> or  
email [phe@vch.ca](mailto:phe@vch.ca) and quote Catalogue No. **FC.160.Af89**

© Vancouver Coastal Health, October 2020

The information in this document is intended solely for the  
person to whom it was given by the health care team.

[www.vch.ca](http://www.vch.ca)