

Transfusion Emergencies

Volume

Patients with chronic anemia may develop congestive cardiac failure if transfused too quickly. Transfusion should be split into small aliquots and transfused slowly. Give furosemide 0.5 mg/kg between aliquots.

Transfusion Reactions

a) Allergic Reaction

Usually due to "allergenic substances" within the transfused blood

Symptoms: urticaria, wheezing and hives.

Treatment: May be treated with antihistamines

b) Febrile Transfusion Reaction

Usually due to white blood cells within the transfusion (Incidence significantly reduced with use of leukocyte reduction filters.)

Symptoms: chills and fever.

Treatment: discontinue the transfusion. May need antihistamines. Send a sample of the transfused back to the lab for investigation.

Prevention: use washed blood cells or leukocyte reduction filters.

(An extremely rare cause of febrile transfusion reaction is infected blood. This usually results in septic shock with a very high mortality rate.)

c) Hemolytic Transfusion Reaction

Due to intravascular destruction of incompatible red blood cells

Symptoms: fever, chills, headache, back pain progressing to shock and renal failure

Treatment: discontinue the transfusion immediately and start forced diuresis