



Mahatma Gandhi Medical College & Hospital

MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY, JAIPUR

(Sponsoring Body : India Education Trust)

RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Raj.) INDIA

Phone : 0141-2770677, 2770798, 2771777, 2771001-3 • Fax : 0141-2770677

Website : www.mgmch.org • email : principal.medical@mgmch.org

TRANSFUSION REPORTING FORM FOR COVID-19 CONVALESCENT PLASMA (CCP)

(A) Patient Details		Clinician In-Charge:							
Name of Patient:		IP No.:		Age/Gender:					
Bed No./Ward/Hospital:				Blood Group:					
Primary Diagnosis:		Medication Details:							
Indication of Transfusion:									
Previous H/o Transfusion/Pregnancy: Yes/No Detail if Yes:									
(B) Transfusion Details									
CCP Unit No.:		Blood Group:		Date & Time of Issue of CCP:					
Type of Component : COVID-19 Convalescent Plasma									
Transfusion started at:		Transfusion Completed/Stopped at:		Expiry of CCP:					
Rate of Transfusion:		Quantity of CCP Transfused..... (ml)							
No Transfusion Reaction Seen <input type="checkbox"/> (In case of adverse transfusion reaction seen , Kindly fill the details below)									
Transfusion Reaction Seen <input type="checkbox"/> Date & Time of Transfusion Reaction Seen									
(C) Transfusion Reaction Details									
Pre-transfusion Vitals:		Temp:	Pulse:	BP:	RR:	SaO2:			
Vitals at the time of reaction:		Temp:	Pulse:	BP:	RR:	SaO2:			
Please tick mark the relevant signs and symptoms listed below									
Generalised <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Rigors <input type="checkbox"/> Itching <input type="checkbox"/> Urticaria <input type="checkbox"/> Flushing		<input type="checkbox"/> Restlessness <input type="checkbox"/> Edema (Site) <input type="checkbox"/> Anxiety <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Jaundice		Pain <input type="checkbox"/> Chest Pain <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Back/Flank Pain <input type="checkbox"/> Infusion Site Pain Renal <input type="checkbox"/> Hematuria <input type="checkbox"/> Hemoglobinuria <input type="checkbox"/> Oliguria		Circulatory <input type="checkbox"/> Tachycardia <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Raised JVP <input type="checkbox"/> Arrhythmias Any other specify:		Respiratory <input type="checkbox"/> Dyspnoea <input type="checkbox"/> Wheeze <input type="checkbox"/> Cough <input type="checkbox"/> Hypoxemia <input type="checkbox"/> Bilateral	
(D) Investigations undertaken at bedside									
Sample sent to blood center									
<input type="checkbox"/> Post Transfusion 2 ml EDTA sample									
Investigation sent to other labs									
<input type="checkbox"/> Complete Blood Count		<input type="checkbox"/> Plasma Hb		<input type="checkbox"/> Urine Hb		<input type="checkbox"/> Coagulation Screen			
<input type="checkbox"/> RFT (Urea/Creatinine/Electrolyte)			<input type="checkbox"/> LFT (Bilirubin/AST/ALT)			<input type="checkbox"/> Chest x-ray			
<input type="checkbox"/> Blood Culture of Patient			<input type="checkbox"/> Blood Culture of CCP Bag						
(E) Management Details									
Whether CCP transfusion support will be required in next 24 hours. Yes/No									
(F) Outcome of Transfusion Reaction: Recovered/Recovered with Sequelae/Death/ Unknown									
Name of Reporting Physician:				Signature/Date					
Contact No:									

PROTOCOL FOR THE INVESTIGATION OF ACUTE TRANSFUSION REACTION AT THE PATIENT BEDSIDE

Investigating Acute Transfusion Reactions

- Take immediate note and inform Blood Center on Ext. 109/110.
- Seek help immediately from skilled anesthetist or emergency team.
- Complete the transfusion reaction form and appropriately record the following:-
 - Type of Transfusion Reaction
 - Time after the start of transfusion to the occurrence of reaction
 - Unit No. of CCP transfused
 - Volume of the CCP transfused

Send the following for lab investigations:

- **Send clotted and EDTA samples and Blood Bag with BT Set (if available) to the MGMC&H, Blood Center* for:**
 - i. Repeat ABO & Rh (D) Grouping
 - ii. Repeat Antibody Screen and Cross Match
 - iii. Direct Antiglobulin Test
- **Send EDTA and citrated blood sample and urine sample to Pathology Lab for:**
 - iv. Complete Blood Count (CBC)
 - v. Plasma Haemoglobin
 - vi. Urine Haemoglobin
 - vii. Coagulation Screen
- **Send clotted Blood sample to Biochemistry Lab for:**
 - vii. Renal function test (Urea, Creatinine and Electrolytes)
 - viii. Liver function tests (Bilirubin, ALT and AST)
- **Send Blood culture in special blood culture bottles to Microbiology Lab.**

* In case of recipient admitted and received transfusion other than Mahatma Gandhi Medical College & Hospital, Sitapura, Jaipur than kindly send filled scanned copy of this form (MGH/BB/F/TRF/CCP/207) after each transfusion kindly mail on E- mail : covidplasmamgh@gmail.com