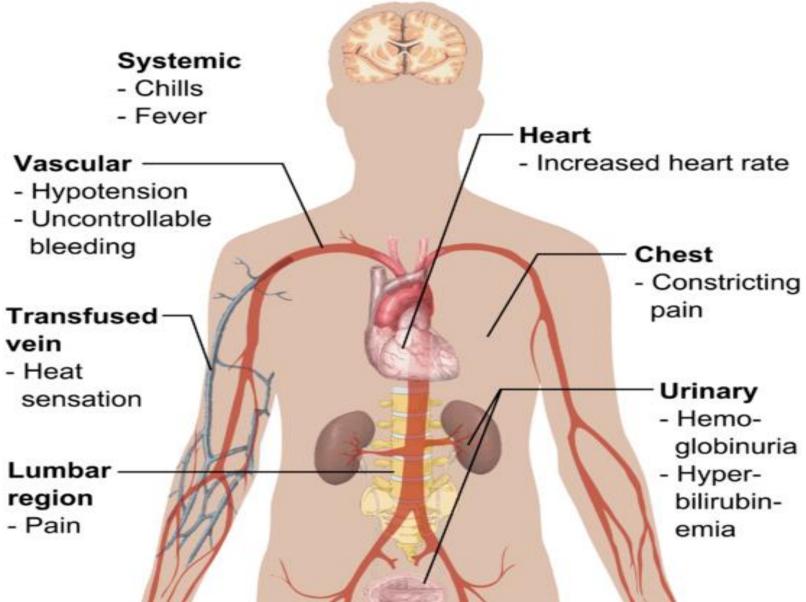
Clinical picture of acute hemolytic reactions

- √ After less than 50 ml
- ✓ In awake patients chills, fever, nausea, chest pain and flank pain.
- ✓ In anesthetized patients, you should look
- 1.<u>oozing in the surgical field(bleeding tendency) the most important sign.</u>
- 2. unexplained tachycardia,
- 3. Progressive unexplained hypotensio

Acute hemolytic reaction



*Complication of acute hemolytic reaction

- √ Hemoglobinurea.
- ✓ Jundice.
- ✓ Acute tubular necrosis.
- ✓ Acute renal failure.

*Management of acute hemolytic reactions



- 1. mandates that the transfusion be stopped immediately
- 2. The unit should be re-checked., repeat compatibility testing and coagulation tests.
- 3. A foley catheter should be placed to check for hemoglobin in the urine.

4..IV fluid (ringer lactate +iv coticosteroid) to correct shock

5. Alkalization of urine by NAHCO3 (40 mEq) to protect against ARF

6. Maniotol 20% 100ml (force alkalinediures)

- 7. low-dose dopamine may help renal function and support blood pressure.
- 8. With rapid blood loss, platelets and fresh frozen plasma may be indicated.
 - 9. Monitor urine output &vital data.

Delayed hemolytic reaction



Cause

These are caused in patient who have been immunized to aforeign antigen by previous tranfusion or pregnancy.

Incedince

Following a normal, compatible transfusion there is a 1-1.6% chance of developing antibodies to these foreign antibodies.

♦ When occur ???

May occur 5-10 days after transfusion

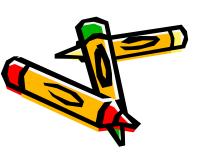
Symptoms are generally mild and include malaise, jaundice, fever, a fall in hematocrit despite transfusion, and an increase in unconjugated bilirubin.

- Diagnosis may be facilitated by the direct Coombs test which can detect the presence of antibodies on the membranes of red cells.
- Treatment is generally supportive.

Immune complication



B Nonhemolytic complication





Urticarial reactions

Anaphylactic reactions

pulmonary edema

Graft versus Host disease

Immune suppression

Post-transfusion purpura



Urticarial reactions

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- Due to white cell sensitization.
- ✓ This reaction is relatively common occurring in 1-3% of all transfusions.
- ✓ The presenting symptom is
- Rise in body temperature without

evidence of hemolysis.

- Nusea
- Vomiting
- Headache
 - chills

√ Treatement

- Stop transfusion.
- Give aspirin or paracetamol.
- Patients with a history of this reaction that require additional transfusions should receive leukocyte poor transfusions. Use of a filter traps most contaminants.



Urticarial reactions

Anaphylactic reactions

pulmonary edema

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