<table>
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<th>Type of Rxn</th>
<th>Onset</th>
<th>Signs and Symptoms</th>
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| acute hemolytic (mild or deadly) | immediate                               | chills, fever, low back pain, tachycardia, flushing, hypotension, chest tightening or pain, tachypnea, nausea, anxiety, hemoglobinuria. | -stop the transfusion immediately  
-notify MD  
-stay with pt |
| febrile                     | 30 mins to 6 hours post transfusion      | chills, fever, flushing, headache, anxiety      | -stop the transfusion immediately  
-administer antipyretics  
-prevention: use a white blood filter |
| mild allergic                | during, or up to 24 hrs post             | itching, urticaria, flushing                    | -stop the transfusion immediately  
-administer antihistamines (Benadryl) |
| anaphylactic                 | immediate                                | wheezing, dyspnea, chest tightness, cyanosis, hypotension | -stop the transfusion immediately  
-notify MD  
-maintain airway  
-administer O2, IV fluids, antihistamines, corticosteroids, vasopressors |
| circulatory overload         | during transfusion                       | dyspnea, chest tightness, tachycardia, tachypnea, headache, hypertension, JVD, peripheral edema, orthopnea, sudden anxiety, crackles in bases | -slow the infusion rate  
-administer O2 and diuretics as ordered  
-monitor VS and notify MD |
| sepsis/septic shock          | after transfusion                        | fever, nausea, vomiting, abdominal pain, chills, hypotension | -maintain patent airway  
-administer O2, abx, vasopressors (late)  
-obtain samples for blood cultures  
-elevate pts feet |
| DIC                          | after transfusion                        | this is a complication of sepsis/septic shock  | -administer anticoagulants in early phase  
-administer clotting factors and blood products in late phase  
-administer activated protein C to control inflammatory response |

Underlined = distinguishing characteristic(s)