Blood Systems

CENTRAL OFFICE USE ONLY
Case No

Report of Transfusion Adverse Reaction

Guideline for case reporting: Report all transfusion adverse reactions which occur in blood or blood component recipients when the reaction is suspected to be due to an attribute specific to the donor or the processing of the blood product. Timely reporting is important, so that, if appropriate, Blood Systems (BSI) may prevent the transfusion of other products from the same donor(s).

NOTE: ***Transfusion associated viral infections*** should be reported on the "Report of Transfusion Associated Infection" forms (BS 314).

Instructions: Please complete and mail to: Blood Systems, Medical Affairs, 6210 East Oak Street, Scottsdale, AZ 85257 or Fax (480) 675-5766 or email to transfusionreactions@bloodsystems.org. If you have any questions please call (800) 811-2581. BCP Hospitals: Fax to BCP Hospital Services (415) 931-5168.

I. Reported By:

Name of person filling out form _____

Title of person filling out form _____

Telephone Number _____ Fax Number _____

Email Address _____

Reporting Facility _____

Address _____

Blood Bank Medical Director _____ Phone Number _____

Date Submitted _____

II. Recipient Information:

Recipient Name _____

Gender ☐ Male ☐ Female Recipient Date of Birth _____

Admitting/Primary Diagnosis _____

Current Medications _____

Patient's Attending Physician _____ Phone Number _____

List transfusion history **BEFORE** reaction _____

List transfusion history **AFTER** reaction _____

Any history of transfusion reactions ☐ Yes _____ ☐ No ☐ Unknown

Indication for transfusion(s) _____

III. Component Information:

DIN	Component Type or Code	Given how many hours prior to reaction	Volume Transfused (mL)

IV. Adverse Reaction:

Date of Reaction _____ Time of Reaction _____

Vital Signs Pre transfusion date and time _____ BP _____ Pulse _____ RR _____ Temp _____

Post transfusion date and time _____ BP _____ Pulse _____ RR _____ Temp _____

Symptoms/Signs at the time of reaction (check box for each)

☐ Abdominal pain	☐ Chills/Rigors	☐ Flushing	☐ Hypoxemia	☐ Respiratory Failure
☐ Anuria/Oliguria	☐ Cyanosis	☐ Headache	☐ Jaundice	☐ Shock
☐ Anxiety	☐ Dyspnea	☐ Hemoglobinuria	☐ Nausea	☐ Tachycardia
☐ Back pain	☐ Edema	☐ Hypertension	☐ Pain, Infusion site	☐ Tachypnea
☐ Chest pain	☐ Fever > 1C or 2F	☐ Hypotension	☐ Pallor	☐ Vomiting
			☐ Rash/Urticaria	☐ Wheezing or Stridor

☐ Other _____

When did the symptoms/sign first present?

☐ Prior to transfusion	☐ During transfusion	☐ Immediately after transfusion
☐ Less than 2 hours after transfusion	☐ 2 - 6 hours after transfusion	☐ 6 - 12 hours after transfusion
☐ 12 - 24 hours after transfusion	☐ > 24 hours after transfusion	

Additional details of the adverse event

Other medical conditions or factors in the recipient that could have caused this reaction

Current status of the recipient _____

Best classification of adverse reaction given current information

☐ Suspected bacterial contamination ☐ Suspected TRALI ☐ Other _____

NOTE: Please Fax any supplemental information relevant to the adverse reaction, such as hospital records and/or blood bank work-up, to BSI Medical Affairs (480) 675-5766. BCP Hospitals: Fax to BCP Medical (415) 354-1378.

V. If Suspected TRALI:
Relevant Medical History

Immune compromised?	☐ Yes	☐ No	☐ Unknown
History of heart disease?	☐ Yes	☐ No	☐ Unknown
History of congestive heart failure?	☐ Yes	☐ No	☐ Unknown

Any of the following conditions present in the patient prior to transfusion? (check box for each):

☐ Adult Respiratory Distress Syndrome (ARDS)	☐ Burn injury	☐ Drug overdose	☐ Sepsis
☐ Airway obstruction, upper	☐ Cardiopulmonary bypass	☐ IgA deficiency	☐ Shock
☐ Alveolar damage, diffuse	☐ Chemotherapy	☐ Lung contusion	☐ Toxic inhalation
☐ Alveolar hemorrhage, diffuse	☐ Congestive heart failure (CHF)	☐ Pneumonia	☐ Trauma
☐ Amiodarone therapy	☐ Disseminated intravascular coagulation (DIC)	☐ Radiation, thorax	
☐ Aspiration	☐ Drowning, near		

☐ Other risk factor that may cause lung injury _____

Labs/Diagnostics

Evidence of hypoxemia **pre**-transfusion?
☐ Yes ☐ No ☐ Unknown

Select all that apply **(pre-transfusion)**
☐ Oxygen saturation less than 90% on room air
☐ PaO2/FiO2 < 300 (Pulmonary arterial oxygen tension/Fraction of inspired O2)
☐ Other clinical evidence of hypoxemia

Evidence of hypoxemia **post-**transfusion?
☐ Yes ☐ No ☐ Unknown

Select all that apply **(post-transfusion)**
Hypoxemia worsened post-transfusion
☐ Oxygen saturation less than 90% on room air
☐ PaO2/FiO2 < 300 (Pulmonary arterial oxygen tension/Fraction of inspired O2)
☐ Other clinical evidence of hypoxemia

Pre-transfusion chest x-ray performed? ☐ Yes ☐ No ☐ Unknown

Select all that apply
☐ Presence of bilateral pulmonary infiltrates on **pre-**transfusion chest x-ray
☐ Other findings _____

Post-transfusion chest x-ray performed? ☐Yes ☐No ☐Unknown

Select all that apply
☐ Presence of bilateral pulmonary infiltrates on **post-**transfusion chest x-ray
☐ Other findings

Fluid Balance (Input volume/Output volume) prior to transfusion _____

Cardiomegaly present on chest x-ray? ☐ Yes ☐ No ☐ Unknown

Pre-transfusion BNP ☐ < 100 pg/mL ☐ 100 - 250 pg/mL ☐ > 250 pg/mL ☐ Unknown ☐ Not performed

Post-transfusion BNP ☐ < 100 pg/mL ☐ 100 - 250 pg/mL ☐ > 250 pg/mL ☐ Unknown ☐ Not performed

Elevated central venous pressure (> 12 - 15 mm Hg) ☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Elevated pulmonary wedge pressure (> 18 - 20 mm Hg) ☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Evidence of systolic dysfunction (ejection fraction < 45%)? ☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Evidence of diastolic dysfunction (E/E' > 15)? ☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Transient decrease in WBC count post-transfusion? ☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Ratio of pulmonary edema albumin over plasma albumin > 0.55 (suggestive of ALI rather than hydrostatic edema)?
☐ Yes ☐ No ☐ Unknown ☐ Not Performed

Treatment and Clinical Course

What treatment did the patient receive post-transfusion? (Check all that apply)

☐ Acetaminophen (Tylenol)	☐ Diuretics	☐ Oxygen supplementation
☐ Antihistamines (Benadryl)	☐ Epinephrine	☐ Steroids
☐ Bronchodilators	☐ Intubation and ventilatory support	☐ Other _____

Did the patient respond to diuretics and improve clinically? ☐ Yes ☐ No ☐ Unknown ☐ Not treated with diuretics

Did the patient respond to other forms of therapy? ☐ Yes ☐ No ☐ Unknown ☐ NA

If yes, please describe therapies and response _____

Since the reaction, has the patient recovered with resolution of pulmonary infiltrates ☐ Yes ☐ No ☐ Unknown ☐ NA

If Yes, how long after the reaction did resolution occur? ☐ < 24 hours ☐ 24 - 96 hours ☐ > 96 hours

TRALI Testing, if performed

Recipient HLA Antigen type _____

Recipient Neutrophil Antigen type _____

Recipient HLA Class I Ab _____

Recipient HLA Class II Ab _____

Recipient Neutrophil Ab _____

If no testing has been performed, is an EDTA (purple top) sample available for antigen testing? ☐ Yes ☐ No

Any additional comments?

_____

VI. If Suspected Bacterial Contamination:

Has the patient had a blood culture post-transfusion? ☐ Yes ☐ No ☐ Unknown

Result _____

Is the patient currently being treated with antibiotics? ☐ Yes ☐ No ☐ Unknown

Type _____

Was the patient being treated with antibiotics prior to transfusion? ☐ Yes ☐ No ☐ Unknown

If yes, what was the antibiotic and what was the patient being treated for?

Does patient have a history of fevers related to their underlying medical condition? ☐ Yes ☐ No ☐ Unknown

Have gram stain and/or cultures been performed on any residual blood product associated with this reaction?
☐ Yes ☐ No ☐ Unknown

If yes, what was the blood product and result?

Have gram stain and/or cultures been performed on any retained segments from the blood products associated with this reaction? ☐ Yes ☐ No ☐ Unknown

If yes, what was the blood product and result?

Any additional comments?

VII. If Other Type of Reaction:

Please describe in further detail the reaction and pertinent work-up.

Do you suspect this reaction is the result of an attribute specific to the donor or the processing of the blood product?
☐ Yes ☐ No ☐ Unknown

Central Office Medical Affairs Conclusions and Recommendations: