

IRL Phone: 816-968-4053 FAX: 816-277-0757

## REPORT OF SUSPECTED TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI)

In order to evaluate reports of TRALI and address donor issues, it is important to only report a case when TRALI is a realistic option in the differential diagnosis and that the complete clinical and laboratory information is provided. TRALI is a clinical diagnosis and is based on the patient's clinical, radiological, and laboratory information. Presence of antibodies in donor sera cannot be used to support the diagnosis of TRALI if a match cannot be established between the specificity(ies) of donor antibodies and of corresponding antigen(s) on leukocytes of the recipient.

**Complete form, attach a copy of your institution's Transfusion Reaction Summary Report and submit report by mail or FAX.**

Reporting Facility Information																																			
Reporting Facility		Date Reported to CBC																																	
Transfusion Service Medical Director		Transfusion Service Medical Director Contact Number																																	
Completed By		Completed Date																																	
Patient Information																																			
Patient Name		Date of Birth																																	
Patient Diagnosis		Gender																																	
Reason for Transfusion		Date of Transfusion																																	
Underlying Medical Condition																																			
Clinical Presentation (check all that apply)																																			
<p><b>Symptoms:</b></p> <p><input type="checkbox"/> Dyspnea: Onset after transfusion:</p> <p style="margin-left: 20px;"><input type="checkbox"/> &lt;2 hours</p> <p style="margin-left: 20px;"><input type="checkbox"/> 2-6 hours</p> <p style="margin-left: 20px;"><input type="checkbox"/> 6-8 hours</p> <p style="margin-left: 20px;"><input type="checkbox"/> &gt;8 hours</p> <p><input type="checkbox"/> Tachycardia</p> <p><input type="checkbox"/> Hypotension (BP ____/____)</p> <p><input type="checkbox"/> Hypoxemia                      O<sub>2</sub> Sat. _____                      PaO<sub>2</sub>/FiO<sub>2</sub> _____</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Frothy endotracheal exudate</p> <p><input type="checkbox"/> B Natriuretic Peptide Level _____</p> <p><input type="checkbox"/> Response to Diuresis _____</p> <p><b>Chest X-Ray Results:</b></p> <p>Bilateral infiltrates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enlarged heart? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b>Other potential contributing factors for acute lung injury.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Direct Lung Injury:</th> <th style="width: 50%; text-align: left;">Indirect Lung Injury:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Aspiration</td> <td><input type="checkbox"/> Severe Sepsis</td> </tr> <tr> <td><input type="checkbox"/> Pneumonia</td> <td><input type="checkbox"/> Shock</td> </tr> <tr> <td><input type="checkbox"/> Toxic inhalation</td> <td><input type="checkbox"/> Multiple trauma</td> </tr> <tr> <td><input type="checkbox"/> Lung congestion</td> <td><input type="checkbox"/> Burn injury</td> </tr> <tr> <td><input type="checkbox"/> Near drowning</td> <td><input type="checkbox"/> Acute pancreatitis</td> </tr> <tr> <td><b>Other Confounding Factors:</b></td> <td><input type="checkbox"/> Cardiopulmonary bypass</td> </tr> <tr> <td><input type="checkbox"/> Allergic reaction</td> <td><input type="checkbox"/> Drug overdose</td> </tr> <tr> <td><input type="checkbox"/> Congestive heart failure</td> <td></td> </tr> <tr> <td style="margin-left: 20px;"><input type="checkbox"/> Neck Vein Distention</td> <td></td> </tr> <tr> <td style="margin-left: 20px;"><input type="checkbox"/> Pos HJ Reflex</td> <td></td> </tr> <tr> <td style="margin-left: 20px;"><input type="checkbox"/> S3 Gallop</td> <td></td> </tr> <tr> <td style="margin-left: 20px;"><input type="checkbox"/> CVP</td> <td></td> </tr> <tr> <td style="margin-left: 20px;"><input type="checkbox"/> PAWP</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pulmonary edema</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Volume overload</td> <td></td> </tr> </tbody> </table>		Direct Lung Injury:	Indirect Lung Injury:	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Severe Sepsis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Shock	<input type="checkbox"/> Toxic inhalation	<input type="checkbox"/> Multiple trauma	<input type="checkbox"/> Lung congestion	<input type="checkbox"/> Burn injury	<input type="checkbox"/> Near drowning	<input type="checkbox"/> Acute pancreatitis	<b>Other Confounding Factors:</b>	<input type="checkbox"/> Cardiopulmonary bypass	<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Drug overdose	<input type="checkbox"/> Congestive heart failure		<input type="checkbox"/> Neck Vein Distention		<input type="checkbox"/> Pos HJ Reflex		<input type="checkbox"/> S3 Gallop		<input type="checkbox"/> CVP		<input type="checkbox"/> PAWP		<input type="checkbox"/> Pulmonary edema		<input type="checkbox"/> Volume overload	
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