TRALI Investigation Report – KBC-396 – R06/26 User's Guide

KENTUCKY BLOOD CENTER

TRALI Investigation Report

KENTUCKY BLOOD CENTER
3121 Beaumont Centre Circle
Lexington, Kentucky
(859) 276-2534

TRALI is a clinical diagnosis based on the patient's clinical, radiological and laboratory information. It is therefore imperative that all such information be provided in order to evaluate reports of TRALI and address donor issues. Cases should only be reported as TRALI when it is a reasonable option in the differential diagnosis and after completion of this form. **Please remember to attach a copy of your institution's transfusion reaction summary report.**

Reporting Facility: 1		Date Reported to KBC: 2	
Laboratory Medical Director: 3		Contact Number (phone/pager): 4	
Completed by: 5		Date Completed: 6	
Patient Name: 7		Patient Date of Birth: 8	
Patient ID: 9		Gender: ☐Male ☐Female ☐ 10	
Specimen Info:	Draw Date/Time: 11	Phlebotomist ID: 12	
Primary Diagnosis(es): 13			

Current Medical Problems, check all that apply (present prior to transfusion of blood products): 14

☐ Acute MI	☐ Cardiopulmonary bypass	☐ Near Drowning
☐ ARDS	☐ DIC	☐ Pneumonia
☐ Aspiration	☐ Drug Overdose	☐ Pulmonary contusion
☐ Asthma	☐ Fracture of long bone	☐ Severe Sepsis
☐ Burns/Toxic inhalation	☐ Hypovolemic shock	☐ Transfusion Reactions
☐ CHF	☐ Multiple Trauma	☐ Other

Was the patient previously transfused? ☐ Yes (if so, summarize type of components, reaction type if any) ☐ No 15

15a

TRANSFUSION REACTION DATA

1. Please answer the following questions:
   a. Was the onset of symptoms less than 6 hours after initiation of the transfusion? ☐ Yes 16 ☐ No
   b. Is there evidence of hypoxemia? (if the answer is yes, please choose all that may apply) ☐ Yes 17 ☐ No
      - ☐ PaO_2 / FIO_2 ≤ 300mmHg
      - 18 ☐ O_2 Sat 90% on room air
      - ☐ Other findings
   c. Is there evidence of volume overload? ☐ Yes ☐ No
      (If the answer is yes, please choose all that may apply)
      - ☐ Echocardiography demonstrating left ventricular ejection fraction ≤ 40%
      - 20 ☐ Elevated BNP (> 100pg/mL)
      - ☐ Elevated pulmonary wedge pressure (>10mmHg)
      - ☐ Elevated pulmonary arterial diastolic pressure (≥18mmHg)
2. Was a chest X-ray performed? ☐ Yes 21 ☐ No
   (If the answer is yes, please attach pre- and post-transfusion reports)

Assess Transfusion Reaction Data for Further TRALI workup:

If 1A and 1B responses are YES, with evidence of bilateral pulmonary edema AND 1C is NO, proceed with TRALI WORKUP

- ☐ Notify the Kentucky Blood Center Reference Lab of a potential TRALI reaction by calling 859-519-3816. (After hours: 859-519-3775)
- 22 ☐ Collect post-transfusion specimens: 10mL EDTA and 20mL clot OR 24mL EDTA labeled with the patient's name, ID#, date and time of draw and phlebotomist ID. (*Ensure the information on the tube matches the information on the form*)
- ☐ Send any bags from the components implicated in the transfusion reaction along with the post transfusion specimen to the Kentucky Blood Center Attn: Reference Laboratory
- ☐ Complete form, and **attach a copy of your facility's Transfusion Reaction Summary Report and any clinical, radiological and laboratory information** and submit the report by mail, courier or fax to 859-514-0128

If 1A or 1B are NO, and/or there is no evidence of pulmonary edema STOP and consult with transfusion service MD.

KBC-396 A of B - R 06/26 COMPLETION SOP: 15-99-396

To be completed by Transfusion Facility (Front)

1. Name of facility reporting the possible TRALI
2. Date the TRALI was reported to KBC.
3. Laboratory Medical Director
4. Laboratory Medical Director contact number (can be phone or pager number)
5. Name of the person completing the form
6. Date form was completed.
7. Patient's name
8. Patient's date of birth
9. Patient's hospital ID number
10. Check (✓) patient's gender – Male or Female
11. Document the Date and Time of draw for the post transfusion specimen.
12. Document the phlebotomist's ID for the post transfusion specimen.
13. List the patient's primary diagnosis(es).
14. Check (✓) any medical problems that were present prior to the transfusion reaction.
15. Check (✓) whether or not the patient was previously transfused – Yes or No.
    a. If the answer is Yes summarize the component types and whether or not there was a reaction.
16. Check (✓) Yes or No if the onset of symptoms was less than 6 hours post transfusion.
17. Check (✓) Yes or No if there is evidence of hypoxemia.
18. Check (✓) the indications of hypoxemia that are present.
19. Check (✓) Yes or No if there is evidence of volume overload.
20. Check (✓) any indications of volume overload that are present.
21. Check (✓) Yes or No if a chest X-ray was performed.
22. After evaluating if the case does present as a TRALI, complete the check list to be sure all necessary steps are performed.

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IMPLICATED BLOOD PRODUCTS

Time of Reaction: 23 List all units transfused within 6 hours of adverse reaction (attach additional sheet if necessary)

To be completed by REPORTING FACILITY					KBC Use Only:		
Unit Number	Date/Time Transfused		Amount Transfused	ISBT Product Code	Donor ID	Donor Name	Donor Gender (M/F)
	Date	Time					
24	25	26	27	28	29	30	31

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Further TRALI Investigation Required? ☐ Yes ☐ No 32

Comments: 33

Medical Review Performed by: 34 Date: 35

KBC-396 B of B - R 06/26 COMPLETION SOP: 15-99-396

To be completed by Transfusion Facility (Back)

23. Complete the time the reaction began.
24. List all unit numbers implicated in the TRALI reaction.
25. List the date each unit was transfused.
26. List the time each unit was transfused.
27. List the amount of each unit transfused.
28. List the ISBT product code of each unit transfused.