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:		Date Reported to KBC:
Laboratory Medical Director:		Contact Number (phone/pager):
Completed by:		Date Completed:
Patient Name:		Patient Date of Birth:
Patient ID:		Gender: ☐Male ☐Female ☐_____
Specimen Info:	Draw Date/Time:	Phlebotomist ID:
Primary Diagnosis(es):		

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

☐ 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

_____

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 ☐ No
   b. Is there evidence of hypoxemia? (if the answer is yes, please choose all that may apply) ☐ Yes ☐ No
      - ☐ $PaO_2 / FIO_2 \leq 300mmHg$
      - ☐ 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%
      - ☐ Elevated BNP (> 100pg/mL)
      - ☐ Elevated pulmonary wedge pressure (>10mmHg)
      - ☐ Elevated pulmonary arterial diastolic pressure (≥18mmHg)
2. Was a chest X-ray performed? ☐ Yes ☐ 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)
- ☐ 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.

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IMPLICATED BLOOD PRODUCTS

Time of Reaction: _____ 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					

FOR KBC USE ONLY

Further TRALI Investigation Required? ☐ Yes ☐ No

Comments:

Medical Review Performed by: | Date: