



AABB Respiratory Reactions Supplementary Form

Advancing Transfusion and Cellular Therapies Worldwide

Organization ID: _____ NHSN Adverse Reaction: # _____ Date of reaction: _____

Reaction Record Source: _____

Please complete this form on your computer using the fillable fields

Patient Details	
Diagnosis requiring transfusion of suspected components: _____	
Admitting diagnosis:	
Underlying condition:	
Transfusion reaction (check one):	<input type="checkbox"/> TRALI <input type="checkbox"/> TACO <input type="checkbox"/> TAD
Short patient narrative:	(Include underlying indication for transfusion, co-morbidities, details of alleged transfusion reactions including timing in relation to transfusion, clinical characteristics of reaction, treatment and response to treatment):

Components (enter number of units):		
	6 hours <u>before</u> onset of reaction	<u>Between 6 and 24 hours</u> after onset of reaction
Red Blood Cells		
Apheresis platelets		
Pooled platelets		
Plasma(FFP,FP24,Thawed,Cryosupernatant)		
Cryoprecipitate		
Granulocytes		
Other (specify, e.g. Factor 9 complex (IU)): _____		

Timing of Onset of Symptoms (check the appropriate time of onset)				
<input type="checkbox"/>	During the transfusion	<input type="checkbox"/>	>6 <24 hours	
<input type="checkbox"/>	Within 1 hour	<input type="checkbox"/>	>24 hours	
<input type="checkbox"/>	1-6 hours after cessation of transfusion			
Description of Transfusion Reaction – Please indicate “Yes” or “No” in each row (NA = not available or not applicable)				
	YES	NO	NA	Provide specific data, if available
Dyspnea:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peak resp. rate: _____
Hypoxemia:				SAO ₂ and/or PaO ₂ (before reaction): _____
• SAO ₂ <90% on room air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nadir SAO ₂ and/or PaO ₂ : _____
• PaO ₂ /FiO ₂ <300				Ratio PaO ₂ /FiO ₂ : _____
• Other objective evidence				

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Pre-transfusion Chest X-Ray: (evidence of pulmonary edema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check if present: <input type="checkbox"/> Bilateral diffuse infiltrates <input type="checkbox"/> Cardiomegaly <input type="checkbox"/> Pulmonary vascular congestion <input type="checkbox"/> Cardiogenic edema <input type="checkbox"/> Non-cardiogenic edema <input type="checkbox"/> Other (describe) Brief pertinent description:															
1st Post-transfusion: (Chest X-Ray evidence of pulmonary edema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check if new or worsened finding: <input type="checkbox"/> Bilateral diffuse infiltrates <input type="checkbox"/> Cardiomegaly <input type="checkbox"/> Pulmonary vascular congestion <input type="checkbox"/> Cardiogenic edema <input type="checkbox"/> Non-cardiogenic edema <input type="checkbox"/> Other (describe) Brief pertinent description:															
2nd Post-transfusion: (Chest X-Ray evidence of pulmonary edema, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check if new or worsened finding: <input type="checkbox"/> Bilateral diffuse infiltrates <input type="checkbox"/> Cardiomegaly <input type="checkbox"/> Pulmonary vascular congestion <input type="checkbox"/> Cardiogenic edema <input type="checkbox"/> Non-cardiogenic edema <input type="checkbox"/> Other (describe) Brief pertinent description:															
Was the 24 hour fluid balance positive before onset of transfusion reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid balance (Liters + or -): _____ Weight change (Kg + or -): _____															
Was volume overload suspected as a possible cause of the reaction? (Provide hemodynamic and/or BNP data if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-reaction-CVP: _____ mmHg ___NA Post-reaction-CVP: - _____ mmHg ___NA Pre-BNP: _____ (Normal Range _____) _____NA Post-BNP: _____ (Normal Range _____) _____NA															
Was there a history of congestive heart failure before transfusion? (Provide ejection fraction before and after if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-reaction EF: _____% ___NA Post-reaction EF: _____% ___NA															
Were there any risk factors for acute lung injury present before transfusion?																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Pneumonia</td> <td style="width: 33%;"><input type="checkbox"/> Aspiration</td> <td style="width: 33%;"><input type="checkbox"/> Severe sepsis</td> </tr> <tr> <td><input type="checkbox"/> Shock</td> <td><input type="checkbox"/> Acute pancreatitis</td> <td><input type="checkbox"/> Multiple trauma</td> </tr> <tr> <td><input type="checkbox"/> Burn injury</td> <td><input type="checkbox"/> Cardiopulmonary bypass</td> <td><input type="checkbox"/> Drug overdose</td> </tr> <tr> <td><input type="checkbox"/> Lung contusion</td> <td><input type="checkbox"/> Near drowning</td> <td><input type="checkbox"/> Toxic inhalation</td> </tr> <tr> <td><input type="checkbox"/> Other underlying pulmonary disease</td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Aspiration	<input type="checkbox"/> Severe sepsis	<input type="checkbox"/> Shock	<input type="checkbox"/> Acute pancreatitis	<input type="checkbox"/> Multiple trauma	<input type="checkbox"/> Burn injury	<input type="checkbox"/> Cardiopulmonary bypass	<input type="checkbox"/> Drug overdose	<input type="checkbox"/> Lung contusion	<input type="checkbox"/> Near drowning	<input type="checkbox"/> Toxic inhalation	<input type="checkbox"/> Other underlying pulmonary disease		
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Time to Recovery																			
<input type="checkbox"/>	<24 hours of onset of symptoms	<input type="checkbox"/>	>7 <28 days of onset of symptoms																
<input type="checkbox"/>	>24 hours of onset of symptoms	<input type="checkbox"/>	>28 days of onset of symptoms																
<input type="checkbox"/>	>1 <7 days of onset of symptoms	<input type="checkbox"/>	No recovery (death)																