

Suspected Transfusion Related Acute Lung Injury (TRALI) Report Form

(Report other types of adverse events on the Recipient Transfusion/Infusion Event Report Form)
 (Use the BCW TRALI Event Requisition for sample, ordering, and shipping requirements)

TRANSFUSION SERVICES PHYSICIAN – Please complete the following
(Transfusion Service – Please complete page 1)

Patient's Name: _____ MR #: _____

Pulse Ox (SPO₂) _____ % on Room Air or Other _____

Patient transferred to ICU? Yes No **Patient intubated?** Yes No

O₂ _____ (amount) via _____ (type) PaO₂/FiO₂ (if available) _____

Chest X-Ray: Date/Time _____ WBC Count (if available) _____

Results _____

Evidence of circulatory overload? Yes No BNP Done? No Yes, Results _____

Normal Range _____

Evidence of respiratory complications/problems prior to transfusion? Yes No

Risk factors for Acute Lung Injury other than Transfusion? No Yes, check all that apply

Aspiration Pneumonia Toxic inhalation Lung contusion Near drowning

Severe sepsis Shock Multiple Trauma Burn injury Acute pancreatitis

Recent cardiopulmonary bypass Drug overdose

Comments: _____

Clinical Symptoms observed in some TRALI cases, check all that apply:

Dyspnea Fever Hypotension Tachypnea Tachycardia Frothy endotracheal aspirate

Comments: _____

For BloodCenter Use Only

BloodCenter On-Call Physician Notified? Yes No

BloodCenter Physician Name: _____

QSD History

Version	Effective Date	Reason for Creation/Revision
1	02/13/06	Original issue.
2	6/2/08	Minor formatting due to ISBT implementation, and easier use.