

**BLOOD BANK OF HAWAII**  
2043 Dillingham Boulevard, Honolulu, HI 96819

Case#: \_\_\_\_\_

**SUSPECTED TRANSFUSION REACTION REPORT**

Suspected Reaction Type: TRALI    Septic (Bacterial Contamination)    Other \_\_\_\_\_

Date of Report: \_\_\_\_\_ Reported To: \_\_\_\_\_

Reported By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital/Transfusing Facility: \_\_\_\_\_

**Recipient Information**

Date and Time of Suspected Transfusion Reaction: _____
Location of Transfusion (e.g. ICU): _____
Recipient ID/MRN: _____ DOB: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female    Patient Diagnosis: _____
Reason for Transfusion: _____

**Transfusion Information**

Unit Number	Component	Date of Transfusion	Transfusion Start Time	Transfusion Stop Time

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**Recipient Vital Signs**

	Pre-Transfusion	During Transfusion Reaction	Post-Transfusion
Temp			
BP			
Pulse			
RR			
O <sub>2</sub> Sat (%)			

**Recipient Clinical Manifestations**

	Yes/No/Unknown	Value	Comments
Fever (>99.5°F)			
Chills/Rigors			
Dyspnea			
O <sub>2</sub> Sat (<90% on RA)			
Hypotension (< 90 mmHg BP <sub>s</sub> )			
Tachycardia (HR > 100 bpm)			
Nausea/vomiting			
Respiratory Failure			
Other			

**Evidence for TRALI**

	Yes/No/Unknown	Value	Comments
CXR (alveolar infiltrates?)			
Arterial Blood Gas			
Brain Natriuretic Peptide (BNP)			

**Evidence for Bacterial Contamination**

Was gram stain done on implicated unit? Yes\* No Unknown  
\*if yes, results: \_\_\_\_\_

Was implicated units sent for culture? Yes\* No Unknown  
\*if yes, results: \_\_\_\_\_

Was recipient blood culture sent? Yes\* No Unknown  
\*if yes, results: \_\_\_\_\_