

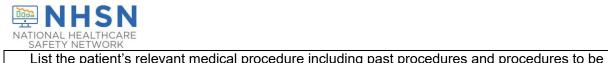
## **Hemovigilance Module Adverse Reaction Transfusion Related Acute Lung Injury**

\*Required for saving

*Facility ID#:	NHSN Adverse Reaction #:		
Patient Informatio	n		
*Patient ID:		*Date of B	lirth:/
*Sex: M F			
Social Security #:	Secondary ID:	Medicare	#:
Last Name:			ame:
Ethnicity (Specify):		anic or Latino Unknown	Declined to respond
Race (Select all that	☐American Indian or ☐Asian Alaska Native	☐Black or African ☐ American Af	JMiddle Eastern or North frican
apply):	☐Native Hawaiian or ☐White		Declined to respond
	Pacific Islander		
Preferred Language (\$	Specify from the list provided):	Interpreter Needed: Declined	☐Yes ☐No to Respond ☐Unknown
*Blood Group: 🗌 A	- 🗌 A+ 🗌 B- 🗎 B+ 🗌 AB-	☐ AB+ ☐ O- ☐ O+ ☐	Blood type not done
☐ Trai	nsitional ABO / Rh + 🔲 Transiti	ional ABO / Rh - 🔲 Transiti	onal ABO / Transitional Rh
☐ Group A/Transitiona	ll Rh □ Group B/Transitional Rh □	Group O/Transitional Rh	Group AB/Transitional Rh
Patient Medical Hi	story		
List the patient's ac	lmitting diagnosis. <i>(Use ICD-10 Dia</i> g	gnostic codes/descriptions)	
Code:	Description:		
Code:	Description:		
Code:			
List the patient's ur	nderlying indication for transfusion. (	Use ICD-10 Diagnostic codes/de	escriptions)
Code:	Description:		
Code:	Description:		
Code:	Description:		
	omorbid conditions at the time of the 10 Diagnostic codes/descriptions)	transfusion related to the advers	e UNKNOWN  NONE
Code:	Description:		
Code:	Description:		
Code:	Description:		

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC 57.317 Rev. 3, v9.2

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).



performed during the current hospital codes/descriptions)	or outpa		Jse ICD-10 Proced		☐ NONE	
Code:	Descripti	ion:				
	Descripti	ion:				
Additional Information	-					
Transfusion History						
Has the patient received a previous tr	ansfusio	n?	☐ YES	□NO □UNK	(NOWN	
Blood Product: WB				Cryoprecipitate	Granulocyte	
Date of Transfusion:	/	_ □ UNKI	NOWN	, , ,	_ ,	
Was the patient's adverse reaction	transfusi	on-related?	☐ YE	S 🗌 NO		
If yes, provide information about the	transfus	sion adverse	reaction.			
Type of transfusion adverse reactio	n: [	Allergic	☐ AHTR ☐ D	HTR DSTR	☐ FNHTR	
☐HTR ☐TTI ☐PTP	☐ TAC	DAT 🗌 C	☐ TA-GVHD	☐ TRALI	☐ UNKNOWN	
OTHER Specify						
Reaction Details						
*Date reaction occurred://	_ *Time	e reaction o	ccurred::_	Time un	ıknown	
*Facility location where patient was tr	ansfuse	d:				
Is this reaction associated with an incide	nt?	☐ Yes	☐ No If Ye	s, Incident #:		
Investigation Results						
Investigation Results  * Transfusion related acute lung in	ijury (TI	RALI)				
	ijury (TF	RALI)		Test result positive	- Note to 16	
	njury (Tf	RALI)	Cognate or	No cognate or	Not tested for cognate	
		RALI)  Negative			Not tested for cognate antigen	
	Not	,	Cognate or cross reacting	No cognate or cross reacting	cognate	
* Transfusion related acute lung in	Not Done	,	Cognate or cross reacting	No cognate or cross reacting	cognate	
* Transfusion related acute lung in  Donor or unit HLA specificity	Not Done	,	Cognate or cross reacting	No cognate or cross reacting	cognate	
* Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity	Not Done	,	Cognate or cross reacting	No cognate or cross reacting	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that applied)	Not Done	Negative	Cognate or cross reacting antigen present	No cognate or cross reacting	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that application)  NO evidence of acute lung injuries.	Not Done	Negative  □ □ □ □ □ □ □ □ □ prior to trans	Cognate or cross reacting antigen present	No cognate or cross reacting	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that application)  NO evidence of acute lung injuication ALI onset during or within 6 ho	Not Done  Done  Oly)  Irry (ALI)  urs of ce	Negative  D  prior to transessation of tra	Cognate or cross reacting antigen present	No cognate or cross reacting antigen present	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that apple of acute lung injue of ALI onset during or within 6 howode hypoxemia — defined as PaO2	Not Done  Doly)  Iry (ALI)  urs of ce /FiO2 les	Negative  D  prior to transessation of transes than or ed	Cognate or cross reacting antigen present  Grantigen present  Grantige	No cognate or cross reacting antigen present	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that application)  NO evidence of acute lung injuication and control of the contro	Not Done  Doly)  Iry (ALI)  urs of ce /FiO2 lesen satura	Negative  D  prior to transessation of trass than or equation less than	Cognate or cross reacting antigen present  Grantigen present  Grantige	No cognate or cross reacting antigen present	cognate	
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Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that application)  NO evidence of acute lung injuication ALI onset during or within 6 howard Hypoxemia — defined as PaO2  Hypoxemia — defined as Oxygen Hypoxemia — defined as Other	Not Done  Doly)  Iry (ALI)  urs of ce /FiO2 les en satura clinical e eral infilti	Negative  D  prior to transessation of transes than or equition less that evidence rates	Cognate or cross reacting antigen present  Grantigen present  Grantige	No cognate or cross reacting antigen present	cognate	
Transfusion related acute lung in  Donor or unit HLA specificity  Donor or unit HNA specificity  Recipient HLA specificity  Recipient HNA specificity  *Case Definition (Check all that apple of acute lung injue of ALI onset during or within 6 how of Hypoxemia — defined as PaO2 of Hypoxemia — defined as Oxygen of Hypoxemia — defined as Other of Radiographic evidence of bilater	Not Done Doly) Iry (ALI) Iurs of ce /FiO2 les en satura clinical e eral infilti tension ( nat apply)	Negative  Negative  Prior to transessation of transes than or ecation less that evidence rates  i.e., circulate	Cognate or cross reacting antigen present  Grantigen present  Grantige	No cognate or cross reacting antigen present	cognate	



Cutaneous	: [	🗌 Edema 🔲 Flus	hing 🔲 Jaundi	ce 🗌 Itching	Hives	Other rash	
Hemolysis/	Hemorrhage: [	☐ DIC ☐ Hemoglobinemia ☐ Positive antibody screen					
Pain:		Abdominal pain	☐ Back pain	☐ Flank pair	n 🗌 Infus	ion site pain	
Renal:	]	Hematuria	☐ Hemoglob	inuria	0	liguria	
Respiratory	y: [	Bronchospasm [	Cough Sh	ortness of breath	Othe	r: (specify)	
*Severity	<u>.</u>						
Did the pa	atient receive or e	xperience any of the	e following?				
☐ No	treatment require	ed	☐ Symptoma	tic treatment only	y		
☐ Hos	spitalization, inlcu	iding prolonged hos	pitalization	☐ Life-th	reatening r	eaction	
☐ Dis	ability and/or inca	apacitation	☐ Congenita	l anomaly or birth	defect(s) o	of the fetus	
☐ Oth	☐ Other medically important conditions ☐ Death ☐ Unknown or not stated						
*Imputabi	lity						
Which bes	t describes the re	elationship between	the transfusion a	nd the reaction?			
☐ There	e are no alternativ	ve risk factors for A	LI present.				
☐ There	e is evidence of o	other causes for acu	ite lung injury.				
☐ Evide	ence is clearly in	favor of a cause oth	ner than the transf	fusion, but transfu	usion canno	ot be excluded.	
		vidence beyond reas					
☐ The i	relationship betwe	een the adverse rea	ection and the trar	nsfusion is unkno	wn or not st	ated.	
Did the tra	nsfusion occur at	your facility?	∃YES □N	0			
		<u> </u>					
Module-gen	erated Design	•					
NOTE: Design	ations for case de	ations efinition, severity, a	nd imputability wil	l be automatically		in the NHSN	
NOTE: Design application bas	eations for case de sed on responses	ations efinition, severity, and in the corresponding	nd imputability wil	l be automatically esults section abo	ove.	_	
NOTE: Design application bas *Do you a	ations for case de sed on responses agree with the <u>ca</u>	ations efinition, severity, and in the corresponding designates definition designates de	nd imputability wil	l be automatically esults section abo		in the NHSN	
NOTE: Design application bas *Do you a ^Please ir	ations for case de sed on responses agree with the <u>ca</u> ndicate your desig	ations efinition, severity, and its in the corresponding designation	nd imputability wil ng investigation re gnation?	ll be automatically esults section abo	res	□ NO	
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*Do you a *Please ir  *Patient Treation of the patient If yes, selection of the patient If yes, selection of the patient If yes, selection of the patient Ireation of the Ireation of the Ireation of Ir	ations for case desert on responses agree with the candicate your designation of the candicate your designation of the category of the categor	ations efinition, severity, and in the corresponding ase definition designation	nd imputability will ng investigation re gnation?  n?  ation?  ion reaction?  I notropes/Vase atravenous steroic	YES	CES  CES  CES  NO  Conchodilate	□ NO □ NO □ NO □ NO □ UNKNOWN  or □ Diuretics	
NOTE: Design application bas *Do you a *Please ir *Do you a *Please ir *Do you a *Please ir Did the patient Trea Did the patient If yes, selection   Med	ations for case desed on responses agree with the candicate your designate with the implement receive treatment (s): ication (Select the Antipyretics [Antithymocyte general and antithymocyte general antit	ations efinition, severity, and in the corresponding ase definition designation	nd imputability will ng investigation re gnation?  n?  ation?  In Inotropes/Vase otravenous steroic osporin	YES   Corticos	CES  CES  CES  NO  Conchodilate	□ NO □ NO □ NO □ NO □ UNKNOWN  or □ Diuretics	
*Do you a *Please ir *Do you a	ations for case desed on responses agree with the candicate your designation designation and the categories with the implement receive treatment ent receive treatment (s): ication (Select the Antipyretics [and	ations efinition, severity, and in the corresponding ase definition designation gration gratio	nd imputability will ng investigation re gnation?  n?  ation?  Inotropes/Vase atravenous steroic asporin   s or crystalloids)	YES   Corticos	CES  CES  CES  NO  Conchodilate	□ NO □ NO □ NO □ NO □ UNKNOWN  or □ Diuretics	



Ren	al replacement therap	y (Select the ty	pe of therapy)		www.o	uo.gov/1111311
	] Hemodialysis 🔲 F	Peritoneal [	Continuous Ven	o-Venous Hen	nofiltration	
	botomy					
Othe	er Specify:					
Outcome	_					
*Outcome:	<del>_</del>	ajor or long-tern	n sequelae	Minor or no s	equelae	mined
Date of	Death:/_ ecipient died, relation	/	ion to dooth:			
	Definite  Probable	•		Ruled O	ut	ed
<del></del>	of death:		e		at	ou
	autopsy performed?	Yes	□No			
Component	Details					
*Was a partic	cular unit implicated	d in (i.e., respo	•	dverse	☐ Yes ☐ No	□ N/A
Transfusion Start and End Date/Time	*Component code (check system used)	Amount transfused at reaction onset	^Unit number (Required for Infection and TRALI)	*Unit expiration Date/Time	*Blood group of unit	Implic ated Unit?
^IMPLICATED	UNIT					
	☐ ISBT-128					
:	☐ Codabar	☐ Entire unit ☐ Partial unit			□ A- □ A+ □ B-	Y
/		mL			□B+ □ AB- □ AB+	'
:				::	□ O- □ O+ □ N/A	
//	☐ ISBT-128					
:	☐ Codabar	☐ Entire unit ☐ Partial unit		/	□ A- □ A+ □ B-	N
/		mL			□B+ □ AB- □ AB+	1
:				:	□ O- □ O+ □ N/A	
Custom Field	ds					
Label			Label			
		'/				
Comments						

