

TRANSFUSION-RELATED ACUTE LUNG INJURY (TRALI)

REPORT FORM (to be completed by client)

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Client Facility _____

Report Completed by _____ Date _____

Instructions to Client Laboratory /Transfusion Service

When a patient is diagnosed with transfusion-related acute lung injury (TRALI Type I or TRALI Type II), please notify Marsh Regional Blood Center at 423-408-7531 as soon as possible. Complete this form and collect a blood sample from the patient, consisting of 5-10 mL of whole blood collected in a lavender (EDTA) tube. Send this form and the blood sample to the Donor Center with the next courier.

Patient Medical Record Number _____

Date/Time of Transfusion _____

Person notified at Marsh _____ Date _____

Patient Diagnosis: _____ TRALI Type I * _____ TRALI Type II **

***TRALI Type I** – Patients who have no risk factors for ARDS and meet the following criteria:

1. Acute Onset
2. Onset of pulmonary symptoms during or within 6 hours of the end of the transfusion.
3. No temporal relationship to an alternative risk factor for ARDS.

****TRALI Type II** – Patients who have risk factors for ARDS (but who have NOT been diagnosed with ARDS) or who have preexisting mild ARDS, but whose respiratory status deteriorates and clinical judgement is that the deterioration in respiratory status is due to transfusion.

ARD Risk Factors:

- **Sepsis.** The most common cause of ARDS is sepsis, a serious and widespread infection of the bloodstream.
- **Inhalation of harmful substances.** Breathing high concentrations of smoke or chemical fumes can result in ARDS as can inhaling (aspirating) vomit or near-drowning episodes.
- **Severe pneumonia.**
- **Coronavirus disease 2019 (COVID-19).** People who have severe COVID-19 may develop ARDS.
- **Others Causes: Pancreatitis (inflammation of the pancreas), massive blood transfusions and burns.**

Unit Number(s) of Blood Product(s) Transfused within 6 hours of TRALI Type I or TRALI Type II

Unit Number	Date/Time Transfused	Blood Product	Comments

