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Hemovigilance Module
Adverse Reaction
Febrile Non-hemolytic Transfusion Reaction

*Required for saving

*Facility ID#: _____ NHSN Adverse Reaction #: _____

Patient Information

*Patient ID: _____ *Gender: ☐ M ☐ F ☐ Other *Date of Birth: ___/___/____

Social Security #: _____ Secondary ID: _____ Medicare #: _____

Last Name: _____ First Name: _____ Middle Name: _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Not Latino

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander ☐ White

*Blood Group: ☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ Blood type not done

Patient Medical History (Use worksheet on page 4 for additional codes and descriptions.)

(part 1) List the patient's admitting diagnosis. *(Use ICD-10 Diagnostic codes/descriptions)*

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 2) List the patient's underlying indication for transfusion. *(Use ICD-10 Diagnostic codes/descriptions)*

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 3) List the patient's comorbid conditions at the time of the transfusion related to the adverse reaction. *(Use ICD-10 Diagnostic codes/descriptions)*

☐ UNKNOWN
☐ NONE

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

Continued >>

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Febrile Non-hemolytic Transfusion Reaction

Patient Medical History (Use worksheet on page 4 for additional codes and descriptions.)

(part 4) List the patient's relevant medical procedure including past procedures and procedures to be performed during the current hospital or outpatient stay. *(Use ICD-10 Procedure codes/descriptions)*

☐ UNKNOWN
☐ NONE

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 5) Additional Information _____

_____

_____

Transfusion History (Use worksheet on page 4 for additional transfusion history.)

Has the patient received a previous transfusion? ☐ YES ☐ NO ☐ UNKNOWN

***If yes, provide information about the transfusion event. If not, skip to Reaction Details section.*

Blood Product: ☐ WB ☐ RBC ☐ Platelet ☐ Plasma ☐ Cryoprecipitate ☐ Granulocyte

Date of Transfusion: ___/___/____ ☐ UNKNOWN

Did the patient experience a transfusion adverse reaction? ☐ YES ☐ NO

If yes, provide information about the transfusion adverse reaction.

Type of transfusion adverse reaction: ☐ Allergic ☐ AHTR ☐ DHTR ☐ DSTR ☐ FNHTR
☐ HTR ☐ TTI ☐ PTP ☐ TACO ☐ TAD ☐ TA-GVHD ☐ TRALI ☐ UNKNOWN
☐ OTHER Specify _____

Reaction Details

*Date reaction occurred: ____/____/____ *Time reaction occurred: __ __:__ __ ☐ Time unknown

*Facility location where patient was transfused: _____

*Is this reaction associated with an incident? ☐ Yes ☐ No If Yes, Incident #: _____

After recognition of the transfusion reaction, was the current transfusion:

☐ Continued ☐ Stopped and restarted ☐ Stopped indefinitely

Investigation Results

☐ **Febrile non-hemolytic transfusion reaction (FNHTR)**

Case Definition

Check all that occurred during or within 4 hours of cessation of transfusion:

☐ Fever (greater than or equal to 38°C/100.4°F oral and a change of at least 1°C/1.8°F) from pre-transfusion value

☐ Chills/rigors are present

Check all that apply:

☐ FNHTR is suspected, but reported symptoms and/or available information are not sufficient.

☐ None of the above

Continued >>

Febrile Non-hemolytic Transfusion Reaction

Investigation Results (continued)

Other signs and symptoms: (check all that apply)

Generalized:	☐ Nausea/vomiting
Cardiovascular:	☐ Blood pressure decrease ☐ Shock
Cutaneous:	☐ Edema ☐ Flushing ☐ Jaundice ☐ Other rash ☐ Pruritus (itching) ☐ Urticaria (hives)
Hemolysis/Hemorrhage:	☐ Disseminated intravascular coagulation ☐ Hemoglobinemia ☐ Positive antibody screen
Pain:	☐ Abdominal pain ☐ Back pain ☐ Flank pain ☐ Infusion site pain
Renal:	☐ Hematuria ☐ Hemoglobinuria ☐ Oliguria
Respiratory:	☐ Bilateral infiltrates on chest x-ray ☐ Bronchospasm ☐ Cough ☐ Hypoxemia ☐ Shortness of breath

☐ Other: (specify) _____

Severity

Did the patient receive or experience any of the following? *(Response definitions listed in table of instructions)*

☐ Symptomatic treatment only ☐ Hospitalization, inlcuding prolonged hospitalization
☐ Life-threatening reaction ☐ Disability and/or incapacitation
☐ Congenital anomaly or birth defect(s) of the fetus ☐ Death
☐ Other medically important conditions ☐ Unknown or not stated

Imputability

Which best describes the relationship between the transfusion and the reaction?

☐ Patient has no other conditions that could explain signs/symptoms.
☐ There are other potential causes present that could explain signs/symptoms, but transfusion is the most likely cause.
☐ Other present causes are most likely, but transfusion cannot be ruled out.
☐ Evidence is clearly in favor of a cause other than the transfusion, but transfusion cannot be excluded.
☐ There is conclusive evidence beyond reasonable doubt of a cause other than the transfusion.
☐ The relationship between the adverse reaction and the transfusion is unknown or not stated.

Did the transfusion occur at your facility? ☐ YES ☐ NO

Additional Information _____

_____

_____

Continued >>

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Febrile Non-hemolytic Transfusion Reaction

Patient Treatment

*Did the patient receive treatment for the transfusion reaction? ☐ YES ☐ NO

If yes, select treatment(s):

☐ **Medication** *(Select the type of medication)*

☐ Antipyretics ☐ Antihistamines ☐ Inotropes/Vasopressors ☐ Bronchodilator ☐ Diuretics

☐ Intravenous Immunoglobulin ☐ Intravenous steroids ☐ Corticosteroids ☐ Antibiotics

☐ Antithymocyte globulin ☐ Cyclosporin ☐ H1 receptor blockers ☐ Other

☐ **Volume resuscitation** (Intravenous colloids or crystalloids)

☐ **Respiratory support** *(Select the type of support)*

☐ Mechanical ventilation ☐ Noninvasive ventilation ☐ Oxygen

☐ **Renal replacement therapy** *(Select the type of therapy)*

☐ Hemodialysis ☐ Peritoneal ☐ Continuous Veno-Venous Hemofiltration

☐ **Phlebotomy**

☐ **Other** Specify: _____

Outcome

*Outcome: ☐ Death ☐ Major or long-term sequelae ☐ Minor or no sequelae ☐ Not determined

Date of Death: ____/____/_____

^If recipient died, relationship of transfusion to death:

☐ Definite ☐ Probable ☐ Possible ☐ Doubtful ☐ Ruled Out ☐ Not determined

Cause of death: _____

Was an autopsy performed? ☐ Yes ☐ No

Continued >>

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Febrile Non-hemolytic Transfusion Reaction

Component Details (Use worksheet on page 4 for additional units.)

*Was a particular unit implicated in (i.e., responsible for) the adverse reaction? ☐ Yes ☐ No ☐ N/A

*Transfusion **Start** and **End** Date/Time	*Component code (check system used)	*Amount transfused at reaction onset	*Unit number	*Unit expiration Date/Time	*Blood group of unit	Implicated Unit?
^IMPLICATED UNIT						
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ _____	☐ Entire unit ☐ Partial unit _____mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	Y
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ _____	☐ Entire unit ☐ Partial unit _____mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ _____	☐ Entire unit ☐ Partial unit _____mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N

Custom Fields

Label		Label	
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

_____

_____

_____

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Hemovigilance Module
Additional Worksheet

Patient Medical History

(part 1) List the patient's admitting diagnosis. *(Use ICD-10 Diagnostic codes/descriptions)*

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 2) List the patient's underlying indication for transfusion. *(Use ICD-10 Diagnostic codes/descriptions)*

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 3) List the patient's comorbid conditions at the time of the transfusion related to the adverse reaction. *(Use ICD-10 Diagnostic codes/descriptions)*

☐ UNKNOWN
☐ NONE

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 4) List the patient's relevant medical procedure including past procedures and procedures to be performed during the current hospital or outpatient stay. *(Use ICD-10 Procedure codes/descriptions)*

☐ UNKNOWN
☐ NONE

Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____
Code: _____ Description: _____

(part 5) Additional Information _____
_____
_____
_____

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Hemovigilance Module
Additional Worksheet

Transfusion History

Has the patient received a previous transfusion? ☐ YES ☐ NO

***If yes, provide information about the transfusion event. If not, skip to Reaction Details section.*

Blood Product: ☐ WB ☐ RBC ☐ Platelet ☐ Plasma ☐ Cryoprecipitate ☐ Granulocyte

Date of Transfusion: ____/____/_____ ☐ UNKNOWN

Did the patient experience a transfusion adverse reaction? ☐ YES ☐ NO

If yes, provide information about the transfusion adverse reaction.

Type of transfusion adverse reaction: ☐ Allergic ☐ AHTR ☐ DHTR ☐ DSTR ☐ FNHTR

☐ HTR ☐ TTI ☐ PTP ☐ TACO ☐ TAD ☐ TA-GVHD ☐ TRALI ☐ UNKNOWN

☐ OTHER Specify _____

Has the patient received a pervious transfusion? ☐ YES ☐ NO

***If yes, provide information about the transfusion event. If not, skip to Reaction Details section.*

Blood Product: ☐ WB ☐ RBC ☐ Platelet ☐ Plasma ☐ Cryoprecipitate ☐ Granulocyte

Date of Transfusion: ____/____/_____ ☐ UNKNOWN

Did the patient experience a transfusion adverse reaction? ☐ YES ☐ NO

If yes, provide information about the transfusion adverse reaction.

Type of transfusion adverse reaction: ☐ Allergic ☐ AHTR ☐ DHTR ☐ DSTR ☐ FNHTR

☐ HTR ☐ TTI ☐ PTP ☐ TACO ☐ TAD ☐ TA-GVHD ☐ TRALI ☐ UNKNOWN

☐ OTHER Specify _____

Has the patient received a previous transfusion? ☐ YES ☐ NO

***If yes, provide information about the transfusion event. If not, skip to Reaction Details section.*

Blood Product: ☐ WB ☐ RBC ☐ Platelet ☐ Plasma ☐ Cryoprecipitate ☐ Granulocyte

Date of Transfusion: ____/____/_____ ☐ UNKNOWN

Did the patient experience a transfusion adverse reaction? ☐ YES ☐ NO

If yes, provide information about the transfusion adverse reaction.

Type of transfusion adverse reaction: ☐ Allergic ☐ AHTR ☐ DHTR ☐ DSTR ☐ FNHTR

☐ HTR ☐ TTI ☐ PTP ☐ TACO ☐ TAD ☐ TA-GVHD ☐ TRALI ☐ UNKNOWN

☐ OTHER Specify _____

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Hemovigilance Module
Additional Worksheet

Component Details

*Was a particular unit implicated in (i.e., responsible for) the adverse reaction? ☐ Yes ☐ No ☐ N/A

*Transfusion **Start** and **End** Date/Time	*Component code (check system used)	*Amount transfused at reaction onset	*Unit number	*Unit expiration Date/Time	*Blood group of unit	Implicated Unit?
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___ ___________	☐ Entire unit ☐ Partial unit ______mL	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ _____ : _____	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____	☐ ISBT-128	☐ Entire unit	__ __ __ __ __	___/___/_____	☐ ☐ A+ ☐ B-	N

___ ___:___ ___ ____/____/_____ ___ ___:___ ___	☐ Codabar ___ ___ ___ ___ ___ _____	☐ Partial unit _____mL	__ __ __ __ __ __ __ __ __ __ __ _____	_____ : _____	A- ☐ B+ ☐ O-	☐ AB- ☐ O+	☐ AB+ ☐ N/A	