

Code:

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Hemovigilance Module Adverse Reaction Transfusion Related Acute Lung Injury

*Required for saving *Facility ID#: NHSN Adverse Reaction #: **Patient Information** *Patient ID: *Gender: M Other *Date of Birth: / / Gender Identity (Specify): (Specify): Sex at Birth: M F Unknown Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown_____ Secondary ID: _____ Medicare #: _____ Social Security #: _____ Middle Name: _____ First Name: __ Last Name: Ethnicity (Specify): Race (Specify): (Select all that apply): Hispanic or Latino American Indian or Alaska Native Not Hispanic or Latino Asian Unknown Black or African American Declined to respond Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond Interpreter Needed: Yes Preferred Language (Specify):____ Declined to Respond Unknown *Blood Group: Blood type not done Transitional ABO / Transitional Transitional ABO / Rh + Transitional ABO / Rh -Rh Group A/Transitional Group B/Transitional Group O/Transitional Rh Group AB/Transitional Rh Rh Rh **Patient Medical History** List the patient's admitting diagnosis. (Use ICD-10 Diagnostic codes/descriptions) Description: ____ Code: _____ Code: _____ Description: Code: Description: List the patient's underlying indication for transfusion. (Use ICD-10 Diagnostic codes/descriptions) Description: Code:

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

Description:

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).



| On the | |
|---|---------------------------------------|
| Code: Description: | |
| 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: | |



| performed during the current hospital of codes/descriptions) | | • . | | | UNKNOWN NONE |
|--|---|---|---|--|-----------------|
| Code: | escriptio | n: | | | |
| | | | | | |
| | | | | | |
| Additional Information | | | | | |
| Transfusion History | | | | | |
| Has the patient received a previous tra | ınsfusion | ? | YES | NO UNKI | NOWN |
| Blood Product: WB I | RBC | Platelet | Plasma 0 | | Granulocyte |
| Date of Transfusion:/ | | | | | |
| Was the patient's adverse reaction tr | ansfusio | n-related? | YES | S NO | |
| If yes, provide information about the | transfusi | on adverse r | eaction. | | |
| Type of transfusion adverse reaction | : | Allergic | AHTR DI | HTR DSTR | FNHTR |
| ☐ HTR ☐ TTI ☐ PTP ☐ | TACO | TAD | TA-GVHD | TRALI | UNKNOWN |
| OTHER Specify | | | | | |
| Reaction Details | | | | | |
| *Date reaction occurred:// | *Time | reaction oc | curred: :: | Time unk | known |
| *Facility location where patient was tra | nsfused | l: | | | |
| Is this reaction associated with an inciden | it? | Yes | No If Yes | , Incident #: | |
| Investigation Results | | | | | |
| Investigation Results | | | | | |
| Investigation Results * Transfusion related acute lung inj | ury (TR | ALI) | | | |
| | ury (TR | ALI) | | Test result positive | |
| | | ALI) | Cognate or | No cognate or | Not tested for |
| | Not Done | | Cognate or cross reacting | No cognate or cross reacting | cognate |
| | Not | ALI) Negative | Cognate or | No cognate or | |
| * Transfusion related acute lung inj | Not | | Cognate or cross reacting | No cognate or cross reacting | cognate |
| * Transfusion related acute lung inj Donor or unit HLA specificity | Not | | Cognate or cross reacting | No cognate or cross reacting | cognate |
| * Transfusion related acute lung inj Donor or unit HLA specificity Donor or unit HNA specificity | Not | | Cognate or cross reacting | No cognate or cross reacting | cognate |
| * Transfusion related acute lung inj Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity | Not Done | | Cognate or cross reacting | No cognate or cross reacting | cognate |
| * Transfusion related acute lung inj Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity | Not Done | Negative | Cognate or cross reacting antigen present | No cognate or cross reacting | cognate |
| Transfusion related acute lung inj Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injural ALI onset during or within 6 hours. | Not Done | Negative Dirior to transfessation of tra | Cognate or cross reacting antigen present usion. nsfusion | No cognate or cross reacting | cognate |
| Transfusion related acute lung injunction Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injunction ALI onset during or within 6 hours Hypoxemia – defined as PaO2/ | Not Done Done y) y (ALI) purs of ces FiO2 les | Negative Dirior to transfessation of transfessation or equ | Cognate or cross reacting antigen present usion. nsfusion ual to 300 mm Hg | No cognate or cross reacting | cognate |
| Transfusion related acute lung injunction Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injunction ALI onset during or within 6 house Hypoxemia – defined as PaO2/Hypoxemia – defined as Oxygee | Not Done Done y) y (ALI) purs of ces FiO2 less | Negative prior to transfesation of transfes than or equation less than | Cognate or cross reacting antigen present usion. nsfusion ual to 300 mm Hg | No cognate or cross reacting | cognate |
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| Transfusion related acute lung injunction Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injunction ALI onset during or within 6 housely hypoxemia — defined as PaO2/ Hypoxemia — defined as Oxygee Hypoxemia — defined as Other Radiographic evidence of bilate | Not Done y) y (ALI) purs of ces FiO2 les on satural clinical e | Negative prior to transfesation of transfesation of transition less than vidence ates | Cognate or cross reacting antigen present usion. nsfusion ual to 300 mm Hg 1 90% on room air | No cognate or cross reacting | cognate |
| Transfusion related acute lung injunction Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injunction ALI onset during or within 6 house Hypoxemia – defined as PaO2/ Hypoxemia – defined as Oxygee Hypoxemia – defined as Other Radiographic evidence of bilater No evidence of left atrial hypert | Not Done Done y) y (ALI) purs of ces FiO2 less on satural clinical e eral infiltra ension (i | Negative prior to transfesation of transfesation of transition less than vidence ates | Cognate or cross reacting antigen present usion. nsfusion ual to 300 mm Hg 1 90% on room air | No cognate or cross reacting | cognate |
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| Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity Recipient HNA specificity *Case Definition (Check all that apple NO evidence of acute lung injure ALI onset during or within 6 house Hypoxemia – defined as PaO2/2 Hypoxemia – defined as Oxygee Hypoxemia – defined as Other Radiographic evidence of bilated No evidence of left atrial hypert Other signs and symptoms: (check all that Generalized: Chills/r | Not Done Done y) y (ALI) purs of ces FiO2 lesen satural clinical e eral infiltra ension (i at apply) | Negative prior to transfesation of transfesation of transfesation of transfesation less than vidence ates ates .e., circulator | Cognate or cross reacting antigen present usion. nsfusion ual to 300 mm Hg n 90% on room air | No cognate or cross reacting antigen present | cognate antigen |



| | Hives | | | | |
|--|---|---------------------|-------------------|---------------------|--|
| Hemolysis/Hemorrhage: | DIC Hemoglobinemia Positive antibody screen | | | | |
| Pain: | Abdominal pain | Back pain | Flank pain | Infusion site pain | |
| Renal: | Hematuria | Hemoglobinuria | a | Oliguria | |
| Respiratory: | Bronchospasm C | cough Shortne | ss of breath | Other: (specify) | |
| *Severity | | | | | |
| Did the patient receive of | or experience any of the foll | lowing? | | | |
| No treatment req | uired | Symptomatic tr | eatment only | | |
| Hospitalization, i | nlcuding prolonged hospital | lization | Life-threat | ening reaction | |
| Disability and/or | incapacitation [| Congenital ano | maly or birth def | ect(s) of the fetus | |
| Other medically important conditions Death Unknown or not stated | | | | | |
| *Imputability | | | | | |
| Which best describes the | e relationship between the t | transfusion and the | e reaction? | | |
| There are no alteri | native risk factors for ALI pr | esent. | | | |
| | of other causes for acute lu | | | | |
| | in favor of a cause other the | | • | | |
| | e evidence beyond reasona | | | | |
| The relationship be | etween the adverse reaction | n and the transfus | ion is unknown c | r not stated. | |
| Did the transfusion occu | r at your facility? | ES NO | | | |
| Module-generated Desi | - | | | | |
| NOTE: Designations for case definition, severity, and imputability will be automatically assigned in the NHSN application based on responses in the corresponding investigation results section above. | | | | | |
| *Do you agree with the <u>case definition</u> designation? | | | | | |
| ^Please indicate your de | esignation | | | | |
| *Do you agree with the | e <u>severity</u> designation? | | YES | NO | |
| ^Please indicate your de | esignation | | | | |
| *Do you agree with the | e <u>imputability</u> designation | 1? | YES | NO | |
| ^Please indicate your de | esignation | | | | |
| Patient Treatment | | | | | |
| Did the patient receive tre | atment for the transfusion r | eaction? | YES N | IO UNKNOWN | |
| If yes, select treatment(s | | | | | |
| Medication (Select the type of medication) | | | | | |
| Antipyretics Antihistamines Inotropes/Vasopressors Bronchodilator Diuretics | | | | | |
| Intravenous Intravenous Intravenous storoids Cortinostoroids Antibiotics | | | | | |
| Immunoglobulin Intravenous steroids Corticosteroids Antibiotics Antithymocyte globulin Cyclosporin Other | | | | | |
| Volume resuscitation (Intravenous colloids or crystalloids) | | | | | |
| Respiratory support (Select the type of support) | | | | | |
| Mechanical v | ` | sive ventilation | Oxygen | | |



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| Ren | al replacement therap | | | | | | | | |
| | _ , | Peritoneal | Coı | ntinuous Ver | no-Venous Hemo | ofiltratio | n | | |
| Phlebotomy | | | | | | | | | |
| Oth | er Specify: | | | | | | | | |
| Outcome | | | | | | | | | |
| *Outcome: | Death M | ajor or long-terr | n sequ | ıelae | Minor or no sec | quelae | Not deter | mined | |
| Date of | Death:/_ | / | | | | | | | |
| ^lf r | ecipient died, relation | ship of transfus | ion to | death: | | | | | |
| | Definite Probabl | e 🗌 Possib | le | Doubtful | Ruled Out | | Not determir | ned | |
| Cause (| of death: | | | | | | | | |
| Was an | autopsy performed? | Yes | No |) | | | | | |
| Component | Details | | | | | | | | |
| *Was a partic reaction? | cular unit implicated | d in (i.e., respo | nsibl | e for) the a | dverse | Yes | s No | N/A | |
| Transfusion | | Amount | | number | *Unit | | | Implic | |
| Start and End | *Component code | transfused at | | iired for ion and | expiration | *Bloo | d group | ated Unit? | |
| Date/Time | (check system used) | reaction onset | TRAL | | Date/Time | of uni | | | |
| ^IMPLICATED | UNIT | | | | | | | | |
| | ISBT-128 | | | | | | | | |
| | Codabar | Entire unit | Entire unit | | , , | A- | A+ B- | Y | |
| · | | Partial unit | | | · · · | | | | |
| / | | mL | | | | B+ | AB- AB+ | | |
| : | | | | | :: | 0- | O+ N/A | | |
| // | ISBT-128 | | | · | | | | | |
| : | Codabar | Entire unit | | | , , | A- A+ B- | | | |
| | | Partial unit | | | | | | N | |
| // | | mL | | | | B+ | AB- AB- | • | |
| : | | | | | <u> </u> | O- | O+ N/A | <u>. </u> | |
| Custom Field | ds | | | | | | | | |
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