

Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2027 www.cdc.gov/nhsn

## Hemovigilance Module Adverse Reaction Other Transfusion Reaction

\*Required for saving \*Facility ID#: NHSN Adverse Reaction #: **Patient Information** \*Patient ID: \*Date of Birth: \_\_\_/\_\_/ \*Sex: M Social Security #: Secondary ID: Medicare #: First Name: Last Name: Middle Name: Not Hispanic or Ethnicity (Specify): Unknown Declined to respond Hispanic or Latino Latino American Indian or Black or African Middle Eastern or North Asian Race (Select all that Alaska Native American apply): Native Hawaiian or White Declined to respond Unknown Pacific Islander Yes Interpreter Needed: Preferred Language (Specify from the list provided): Unknow Declined to Respond n Blood type not done \*Blood Group: Transitional ABO / Transitional Transitional ABO / Rh + Transitional ABO / Rh -Group A/Transitional Group B/Transitional Group O/Transitional Rh Group AB/Transitional Rh Rh **Patient Medical History** List the patient's admitting diagnosis. (Use ICD-10 Diagnostic codes/descriptions) Description: Description: \_\_\_\_\_ Code: \_\_\_\_\_ Code: Description: List the patient's underlying indication for transfusion. (Use ICD-10 Diagnostic codes/descriptions) Code: \_\_\_\_\_ Code: \_\_\_\_ Description: Code: Description: **UNKNOWN** List the patient's comorbid conditions at the time of the transfusion related to the adverse reaction. (Use ICD-10 Diagnostic codes/descriptions) 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 57.320 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).







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List the patient's relevant m performed during the currer codes/descriptions)	edical procedure includin nt hospital or outpatient st			ures to be	UNKNOWN  NONE		
Code:	Description:	· · · · · · · · · · · · · · · · · · ·			····		
Code:	Description:						
Code:							
Additional Information							
Transfusion History							
Has the patient received a	orevious transfusion?	YES	NO	D 0	NKNOWN		
Blood Product: WB RBC Platelet Plasma Cryoprecipitate Granulocyte							
Date of Transfusion:		UNKNOWN					
Was the patient's adverse	e reaction transfusion-rela	ated?	YES	NO			
If yes, provide information	about the transfusion ad	lverse reaction.					
Type of transfusion adver		_• —	DHTR	DST	R FNHTR		
HTR TTI	PTP TACO	TAD TA-GVH	HD .	TRALI	UNKNOWN		
OTHER Specif	y						
Reaction Details							
*Date reaction occurred:	// *Time react	tion occurred: $\_\_$	<u>:</u>	Time	unknown		
*Facility location where patie							
Is this reaction associated with	an incident?	Yes No I	f Yes, Incid	dent #:			
Investigation Results							
Investigation Results  * Other							
* Other							
* Other Specify:							
* Other  Specify:  List tests relevant to reacti	on investigation:						
* Other  Specify:  List tests relevant to reaction  Test name:	on investigation: Testing date	e:	Test i	result:			
* Other  Specify:  List tests relevant to reaction  Test name:	on investigation: Testing date		Test i				
* Other  Specify:  List tests relevant to reaction  Test name:  Test name:	on investigation: Testing date Testing date	e:	Test i	result:			
* Other  Specify:  List tests relevant to reaction  Test name:	on investigation: Testing date Testing date	e:	Test i	result:			
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms:	on investigation: Testing date Testing date (check all that apply)	e: e: Fever	Test i	result: result:			
* Other  Specify:  List tests relevant to reaction to reacti	on investigation: Testing date Testing date (check all that apply) Chills/rigors	e: e: Fever	Test ı Test ı	result: result:	omiting		
* Other Specify: List tests relevant to reaction Test name: Test name: Other signs and symptoms: Generalized:	on investigation:  Testing date  Testing date  (check all that apply)  Chills/rigors  Blood pressure decr	e: e: Fever	Test ı Test ı	result: result: Nausea/\	vomiting		
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms: Generalized: Cardiovascular: Cutaneous:	on investigation:  Testing date Testing date  (check all that apply) Chills/rigors Blood pressure decr Edema	e: Fever ease Flushing Pruritus (itching)	Test ı Test ı	result: result: Nausea/\ Jaundice	omiting (hives)		
* Other  Specify:  List tests relevant to reaction to reacti	on investigation:  Testing date  Testing date  (check all that apply)  Chills/rigors  Blood pressure decr  Edema  Other rash	e:e:FeverFlushing Pruritus (itching) ascular coagulation	Test ı Test ı	result: result: Nausea/\ Jaundice Urticaria	omiting (hives)		
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms: Generalized: Cardiovascular: Cutaneous:	on investigation:  Testing date Testing date  (check all that apply) Chills/rigors Blood pressure decr Edema Other rash Disseminated intrava	e:e:FeverFlushing Pruritus (itching) ascular coagulation	Test ı Test ı	result: result: Nausea/\ Jaundice Urticaria Hemoglo	omiting (hives)		
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms: Generalized: Cardiovascular:  Cutaneous:  Hemolysis/Hemorrhage:	on investigation:  Testing date  Testing date  (check all that apply)  Chills/rigors  Blood pressure decr  Edema  Other rash  Disseminated intrava  Positive antibody sci	e: Fever ease Flushing Pruritus (itching) ascular coagulation reen	Test i Test i Shock	result: result: Nausea/\ Jaundice Urticaria Hemoglo	/omiting (hives) binemia		
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms: Generalized: Cardiovascular: Cutaneous: Hemolysis/Hemorrhage: Pain: Renal:	on investigation:  Testing date  Testing date  (check all that apply)  Chills/rigors  Blood pressure decr  Edema  Other rash  Disseminated intrava  Positive antibody sci	Fever ease Flushing Pruritus (itching) ascular coagulation reen Back pain Hemoglobinuria	Test i Test i Shock	result: result: Nausea/\ Jaundice Urticaria Hemoglo	/omiting (hives) binemia		
* Other Specify:  List tests relevant to reaction Test name: Test name:  Other signs and symptoms: Generalized: Cardiovascular: Cutaneous: Hemolysis/Hemorrhage: Pain:	on investigation:  Testing date  Testing date  (check all that apply)  Chills/rigors  Blood pressure decr  Edema  Other rash  Disseminated intrava  Positive antibody sci  Abdominal pain  Hematuria	Fever ease Flushing Pruritus (itching) ascular coagulation reen Back pain Hemoglobinuria	Test i Test i Shock Flank pair Bronchos	result: result: Nausea/\ Jaundice Urticaria Hemoglo	/omiting (hives) binemia Infusion site pain		





\*Severity Did the patient receive or experience any of the following? No treatment required Symptomatic treatment only Hospitalization, inlcuding prolonged hospitalization Life-threatening reaction Disability and/or incapacitation Congenital anomaly or birth defect(s) of the fetus Other medically important conditions Death Unknown or not stated \*Imputability Which best describes the relationship between the transfusion and the reaction? Conclusive evidence exists that the adverse reaction can be attributed to the transfusion. Evidence is clearly in favor of attributing the adverse reaction to the transfusion. Evidence is indeterminate for attributing the adverse reaction to the transfusion or an alternate cause. 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 **Module-generated Designations** 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 case definition designation? YES NO ^Please indicate your designation \*Do you agree with the severity designation? YES NO ^Please indicate your designation \*Do you agree with the imputability designation? NO YES ^Please indicate your designation **Patient Treatment** YES NO UNKNOWN Did the patient receive treatment for the transfusion reaction? If yes, select treatment(s): Medication (Select the type of medication) Antihistamines Inotropes/Vasopressors Bronchodilator Antipyretics Diuretics Intravenous Immunoglobulin Intravenous steroids Corticosteroids **Antibiotics** Antithymocyte globulin Other Cyclosporin Volume resuscitation (Intravenous colloids or crystalloids) Respiratory support (Select the type of support) Mechanical ventilation Noninvasive ventilation Oxygen



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SAFETY N			( 1/2 )		www.cdc.go	//nhsn			
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 sequelae Not determined									
Date of	<del></del>	/							
	ecipient died, relation	· —							
	Definite Probabl	e Possib	le Doubtful	Ruled Out	t Not determine	ed			
	of death:								
Was an	autopsy performed?	Yes	No						
Component									
*Was a partion?	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									
1 1	ISBT-128								
:	Codabar	Entire unit		, ,	A- A+ B-				
·		Partial unit				Y			
//	————	mL			B+ AB- AB+				
:				<u> </u>	O- O+ N/A				
	ISBT-128								
:	Codabar	Entire unit			A- A+ B-	- NI			
, ,		Partial unit mL			B+ AB- AB+	N			
					O- O+ N/A				
Custom Field				·	OO+N/A				
Custom Fields Label Label									
Label									
Comments									



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