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| **RECIPIENT ADVERSE EVENT REPORTING FORM INSTRUCTIONS** |
| Complete this form to report a suspected transfusion recipient adverse event for investigation.Submit the completed form and any additional information/documentation to Versiti Donor Management.donormanagement@versiti.org 1-800-343-7849 |
| **GENERAL INFORMATION** |
| Date of Report: | Reporting Institution: | Form Completed By: |
| Contact Name: | Phone: |
| TS/BB Medical Director: | Phone: |
| Attending Physician: | Phone: |
| **PATIENT INFORMATION** |
| MRN/Patient’s Hospital ID Number: | Prior Transfusion?[ ]  Yes [ ]  No | Patient Surviving?[ ]  Yes [ ]  No |
| Date of Birth: | Admitting Diagnosis: |
| **TYPE OF ADVERSE EVENT SUSPECTED** (check box) |
| Relevant Transfusion Transmitted Infection (RTTI): [ ]  HBV [ ]  HCV [ ]  HIV  [ ]  Sepsis/Bacteremia [ ]  TRALI [ ]  Other RTTI or adverse event (specify): |
| **UNIT AND TRANSFUSION INFORMATION** (attach list if additional space required) |
| Unit ID: | Blood Product/Component: | Transfusion Date/Time: |
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| Complete this section for suspected **RELEVANT TRANSFUSION TRANSMITTED INFECTION (RTTI)**  |
| **Pre-Transfusion Tests for RTTI** | **Post-Transfusion Tests for RTTI** |
| Test | Test Date | Result | Test | Test Date | Result |
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| RTTI Risk Factors Other than Transfusion (if any): |

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| **VITAL SIGNS/LABORATORY RESULTS** (Complete this section for all adverse events except RTTI.) |
| **Pre-Transfusion** | **Post-Transfusion** |
| Date: | Time: | Date: | Time: |
| Temp: | Blood Pressure: | Temp: | Blood Pressure: |
| Pulse: | Respirations: | Pulse: | Respirations: |
| Pulse Ox (SPO2) \_\_\_\_\_\_\_\_ % on: [ ]  Room Air or [ ]  Other: | Pulse Ox (SPO2) \_\_\_\_\_\_\_\_ % on:  [ ]  Room Air or [ ]  Other: |
| WBC:k/ μL | BNP:pg/mL (suspected TRALI) | WBC:k/ μL | BNP:pg/mL (suspected TRALI) |
| Complete this section for suspected **TRALI** events |
| [ ]  Male [ ]  Female Number of Prior Pregnancies: \_\_\_\_\_\_\_\_\_Date/Time symptoms began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Record symptoms under Clinical Findings below)Date/Time of Chest X-Rays (Attach pre/post and subsequent summaries) & Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Evidence of circulatory overload? [ ]  No [ ]  Yes; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evidence of respiratory complications/problems prior to transfusion? [ ]  No [ ]  Yes (attach chart summary) |
| **Clinical Findings** (within 6 hours of transfusion) *(select all that apply):* |
| [ ]  Shortness of breath/tachypnea[ ]  Bilateral infiltrates on chest X-ray[ ]  Frothy endotracheal aspirate | [ ]  Mechanical Ventilation[ ]  Tachycardia[ ]  Hypotension |
| **Other Potential Contributing Factors** *(select all that apply):* |
| [ ]  Acute pancreatitis[ ]  Aspiration[ ]  Burn injury[ ]  Cardiopulmonary bypass | [ ]  Pneumonia[ ]  Severe sepsis[ ]  Shock[ ]  Toxic inhalation | [ ]  Drug overdose[ ]  Lung contusion[ ]  Multiple trauma[ ]  Near drowning | [ ]  Other: |
| **SEPSIS/BACTEREMIA** (Complete this section when bacterial contamination of a blood product is suspected.) |
| Was empty/partial bag retrieved? [ ]  Yes [ ]  No | Sealed? [ ]  Yes [ ]  No |
| Stored in the refrigerator? [ ]  Yes [ ]  No | Was bag cultured? [ ]  No [ ]  Yes; results: |
| Did patient have blood cultures performed? [ ]  No [ ]  Yes; results: |
| Was patient receiving antibiotics pre-transfusion/pre-culture? [ ]  No [ ]  Yes; specify: |

**DM Staff Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Versiti medical director consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**