

**Forms**

HLSM-012-F-01, Investigation of Suspected Transfusion Reaction Form

HLA-100-F-01, HLA Laboratory Requisition Form

**Samples**

If CBC is to perform a transfusion reaction investigation, then the hospital must supply the following:

- Pre-transfusion EDTA and Red Top Samples from Recipient
- Post-transfusion EDTA and Red Top Samples from Recipient
- Residual Product or Empty Bags from Transfused Products

**FDA Safety Communication**

*Important Information for Blood Establishments and Transfusion Services Regarding Bacterial Contamination of Platelets for Transfusion*, was released by FDA December 2, 2021 and encourages blood establishments and transfusion services to contact FDA when they identify suspected contamination of platelets with *Acinetobacter* spp., *Staphylococcus saprophyticus*, or *Leclercia adecarboxylata*, or septic transfusion reactions involving pathogen-reduced platelet components.

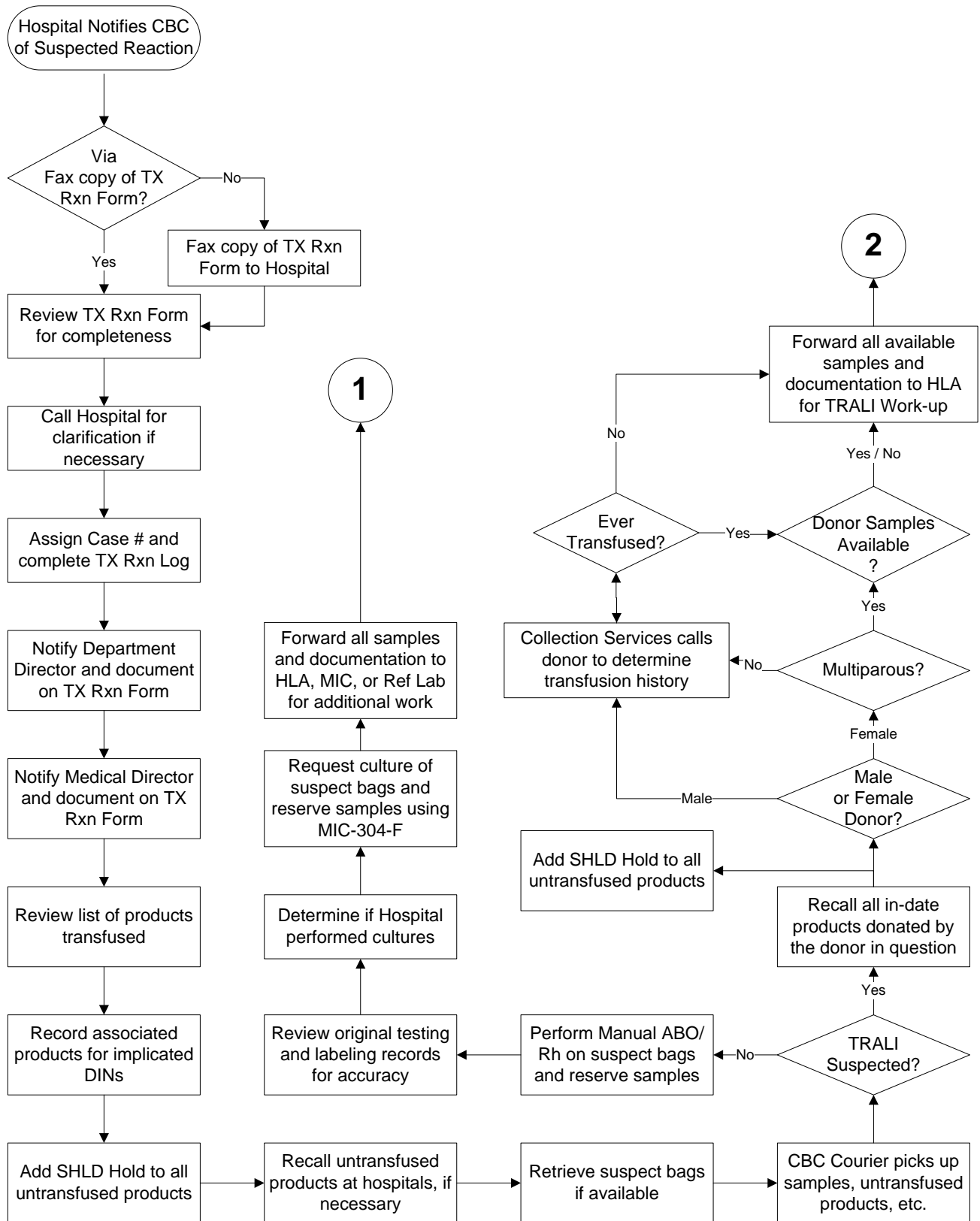
- **Report cases via MedWatch** (<https://www.fda.gov/Safety/MedWatch/default.htm>) or by emailing CBER at [CBEROBRRBPBInquiries@fda.hhs.gov](mailto:CBEROBRRBPBInquiries@fda.hhs.gov).

**Instructions**

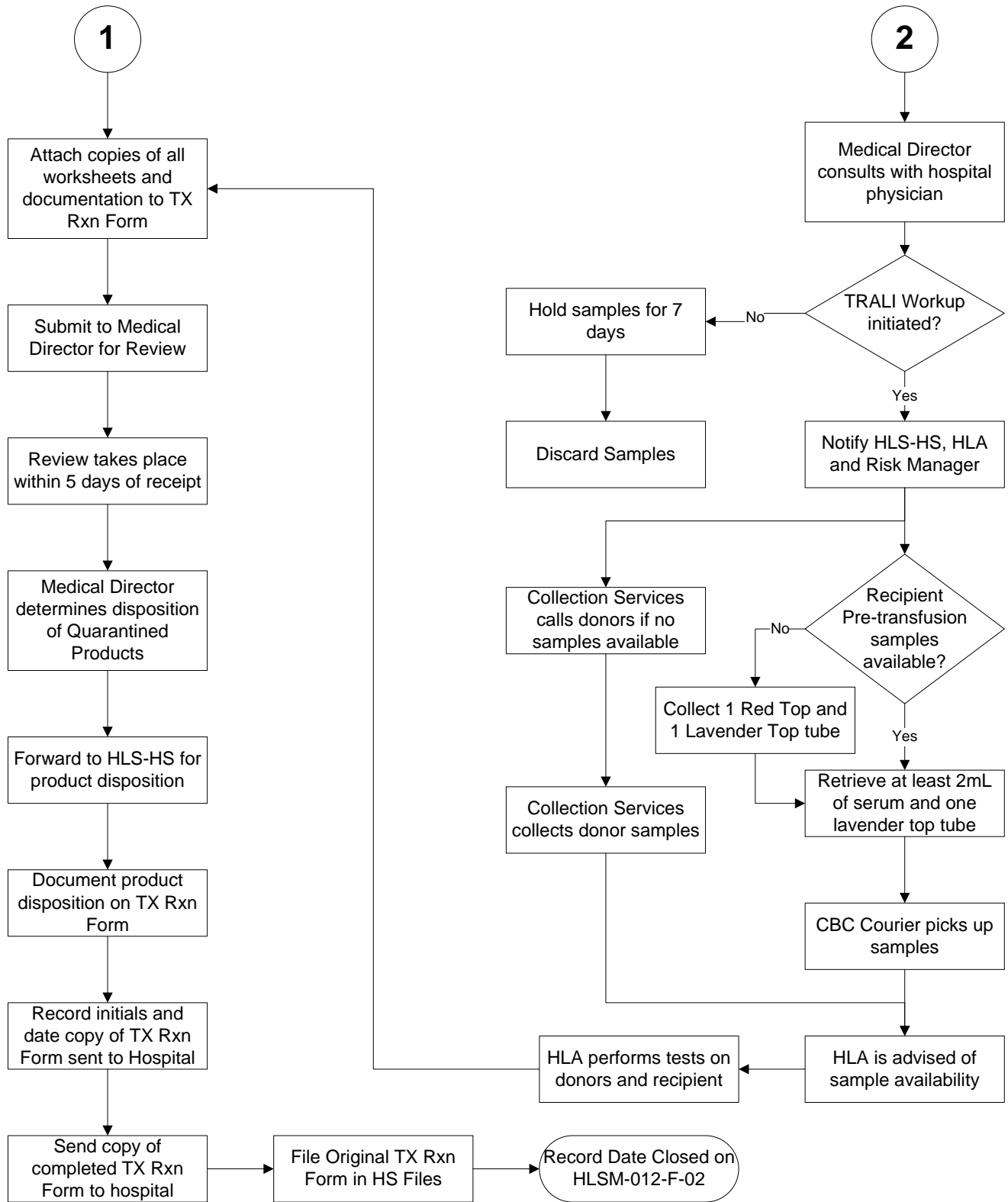
- A. Refer to HLSM-012-JA-02, **Hospital Transfusion Reaction Guidelines** for steps that must be included in the Hospital's transfusion reaction protocol.
- B. The Hospital must complete the unshaded sections of the **Investigation of Suspected Transfusion Reaction Form** (HLSM-012-F-01). Provide as much of the requested information as possible on the first page of the form in order to facilitate a rapid and accurate investigation of the suspected transfusion reaction.
  1. Complete the first 3 sections of the **Investigation of Suspected Transfusion Reaction Form**.
  2. List all **Suspect Products Transfused** on Page 2 of the form. Be sure to list the **DIN** (Donor Identification Number), **Implicated PCodes** (Product Codes), and mark the **Yes** or **No** box to answer to the question **Product Bag Available?**
  3. Attach a copy of the **Transfusion Service Reaction Workup**, if performed; otherwise mark the **Workup not performed at hospital** box.
  4. Attach a copy of the **Patient's Transfusion Record**, if available.
- C. Hospital or transfusion service personnel must retrieve the suspected product bag(s), the pre-transfusion and post-transfusion blood samples and package them for shipment to CBC, if available.
  1. Pre-transfusion and post-transfusion recipient samples and the blood bag(s) from the transfused product(s) must be packed in a CBC blood shipping box.

2. Both the samples and the blood bag(s) must be packed in a closed plastic bag to prevent leaking or other contamination hazards.
- D. The completed **Investigation of Suspected Transfusion Reaction Form** including the additional supporting documentation, if available, may be faxed to CBC **or** shipped with the samples and empty blood bags.
  - E. The hospital must submit an **HLA Laboratory Requisition Form** (HLA-100-F-01) if TRALI is suspected.
  - F. CBC is to return the completed **Investigation of Suspected Transfusion Reaction Form** to the hospital upon completion of the investigation.

**END**



Transfusion Reaction Workup Flowchart



END

**A. Role of Hospital Clinical Service Personnel:**

1. Identify adverse transfusion reactions by defined criteria.
2. Notify the Hospital Transfusion Services when such an event is identified.
3. Follow established Hospital SOPs for adverse reactions.
4. Save the blood product bag and intravenous administration set in an aseptic manner.
5. Draw recipient blood cultures, if indicated. [Draw 2 sets of cultures.]
6. Deliver the product bags, IV sets and transfusion records to the Hospital Transfusion Services for possible shipment to the Community Blood Center (CBC).

**B. Role of Hospital Transfusion Service:**

1. Follow already established transfusion reaction SOPs.
2. Notify CBC immediately upon the decision to involve CBC in the investigation.
3. Gram stain and culture suspected contaminated blood components.
4. Freeze any pre- or post-transfusion serum or plasma after workup is completed.
5. Refrigerate the blood component bag and administration set. Forward the blood component bag and administration set to CBC along with available samples and all required documentation, as soon as possible after notification.
6. Save culture-positive recipient blood and component isolates for species identification.
7. If a blood component bag is cultured at your facility, notify the CBC Microbiology department of the final culture results. Positive culture results should be communicated immediately to CBC.

**END**

**TRALI: Transfusion Related Acute Lung Injury Information Sheet**

**TRALI** is a serious but uncommon side effect of transfusion.

- The estimated incidence is 1/5000 transfusions.
- Current estimates of mortality caused by **TRALI** are 5–10%.

There have been several reports in the press recently about **TRALI** that increased the interest of blood centers and the awareness of transfusion centers.

Here is some additional information that could help recognize the problem and rule out other etiologies that may need a different treatment.

**Clinical Picture:**

- **TRALI** causes noncardiogenic pulmonary edema, dyspnea, cyanosis, hypotension (sometimes hypertension), fever and chills (may not be present). These symptoms usually develop within 1–2 hours of transfusion, but may occur up to 6 hours after transfusion.
- **One must rule out other causes of respiratory distress and pulmonary edema in patients receiving transfusions:** myocardial infarction, circulatory overload, and bacterial infection. When possible, normal central venous and pulmonary wedge pressures are consistent with **TRALI**.

**Differential Diagnosis:**

- Anaphylaxis, bacterial contamination, immediate hemolytic transfusion reaction and volume overload. **TRALI** is a diagnosis of exclusion and all of the above should be ruled out before suspecting **TRALI** since the treatment is different.
- Please remember that **Transfusion Associated Circulatory Overload (TACO)** is far more frequent and is the most confused with **TRALI**. Here are some criteria to differentiate the two:

	<b>TACO</b>	<b>TRALI</b>
<b>Risk Factor:</b>	Very old and very young	Non-identified
<b>Pulmonary Edema:</b>	Yes	Yes
<b>Onset:</b>	< 2 hours	< 6 hours
<b>BP:</b>	Increased	Decreased
<b>Temperature:</b>	No change	May be increased
<b>CVP/P Wedge:</b>	Increased	No change
<b>Incidence:</b>	1:100?	1:5000?

- In addition, the review of the **fluid input and output** in the recipient will be very helpful in suspecting or not, **TRALI**.

**Pathogenesis:**

- Sequestration of WBCs in pulmonary microvasculature leads to increased vascular permeability and pulmonary edema.
- Pulmonary edema arises from capillary injury rather than volume overload.

**Etiology:**

- Antibodies against granulocytes, HLA Class I and Class II antigens in donors or recipients.
- Recent reports implicate antibodies to monocytes.
- Biologically active lipids in stored cellular blood components.
- There will be some cases where no antibodies are identified.

**Treatment:**

- Supportive ventilator assistance.
- Maintenance of hemodynamic status.
- Diuretics are contraindicated.

**If suspecting a TRALI**, please follow the instructions in the SOP regarding what sample to send for testing. In addition, it is crucial to have well documented clinical information. After all, **TRALI** is a diagnosis of exclusion and there is no single test for detection.

**Community Blood Center** will obtain samples needed from the indicated donor(s). The HLA Laboratory will initiate testing for HLA class I and II antibody identification and antigen typing under the Medical Director's guidance. The neutrophil-specific antibody test will be sent out.

**END**